

P08000004859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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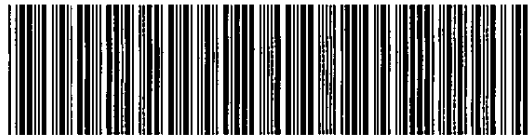
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RD change
Thewis
6-18-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN CEDAR CLINIC, PA
Name of Corporation

DOCUMENT NUMBER: P08 000004859

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MITKO BADOV
Name of Contact Person

OCEAN CEDAR CLINIC PA
Firm/Company

11980 TULLIO WAY #2403
Address

FORT MYERS, FL 33912
City/State and Zip Code

mbadov@yahoo.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2009 JUN 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MITKO BADOV at (239) 464 5074
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2009

MITKO BADOV
OCEAN CEDAR CLINIC, P.A.
11980 TULIO WAY, #2403
FORT MYERS, FL 33912

SUBJECT: OCEAN CEDAR CLINIC, P.A.
Ref. Number: P08000004859

*Enclosed please find
the check.
Thank you.
M. BADOV
6/14/09*

We have received your document for OCEAN CEDAR CLINIC, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00019539

RECEIVED
2009 JUN 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OCEAN CEDAR CLINIC, P.A.
2. The principal office address: 11980 TULIO WAY #2403
FORT MYERS, FL 33912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/14/2008 ^{Domestic Profit} Document number: PO8000004859
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MITKO BADOV
9220 Belleza Way #106
Fort Myers, FL 33908

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MITKO BADOV
11980 TULIO WAY #2403
FORT MYERS FL 33912

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

MITKO BADOV
Signature of an officer or director

MITKO BADOV - DIRECTOR
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

MITKO BADOV
Signature of Registered Agent

06/01/2009
Date

If signing on behalf of an entity:

MITKO BADOV
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
09 JUN 17 PM 4:14
CLERK OF STATE
TALLAHASSEE, FLORIDA