

P08000069547

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 53-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alexander G Perez MD PA
Name of Corporation

DOCUMENT NUMBER: P08000069547

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:

Alexander G Perez MD
Name of Contact Person

Alexander G Perez MD PA
Firm/Company

11760 SW Bird Road Suite 342
Address

Miami ,Florida 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexander G Perez MD at (305) 788-0999
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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alexander G Perez MD PA
2. The principal office address: 11760 SW Bird Road Suite 342
Miami ,Florida 33175
3. The mailing address (if different): 14031 SW 20 street Miami florida 33175
4. Date of incorporation/qualification: 7-22-2008 Document number: P08000069547
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)

Alexander G Perez MD
8720 N Kendall Drive suite 211
miami florida 33176

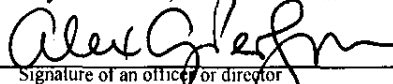
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alexander G Perez MD
11760 SW Bird Road Suite 342
P.O. Box NOT acceptable
Miami ,Florida 33175

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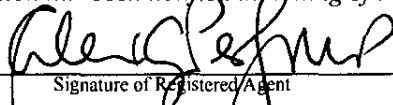
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Alexander G Perez MD
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.


Signature of Registered Agent

April 21 2011
Date

If signing on behalf of an entity:
Alexander G Perez MD
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