P08000109566

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SECRETARY OF STATE AT AHASSEF FLORIDA

R.A. Chang C.COULLIETTE

JUN 1 0 2009

EXAMINER

COVER LETTER

TO:	Amendmen Division of	t Section Corporations						
SUBJI	ECT:	Christopher John Name o	Heller, M.D., P.A. f Corporation					
DOCU	MENT NU	MBER: P(08000109566					
The en	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all cor	respondence concerning this ma	tter to the following:					
		Robert R	appel, Esquire					
	_	Name of	Contact Person					
			h Law Group, P.L. /Company					
		rmi	Company					
		1515 Indian Piver	Boulevard, Suite A-210					
	•		Address					
		Vero Bea	ach, FL 32960					
	•	City/Stat	e and Zip Code					
		nostmaster@ra	ppeihealthlaw.com					
	_	E-mail address: (to be used for	or future annual report notific	ation)				
			•	•				
For fu	nther informat	tion concerning this matter, plea	se call:					
	Roh	ert Rappel, Esquire	772	778-8885				
		ne of Contact Person	at (<u>772</u>) Area Code & Daytime	e Telephone Number				
Enclos	ed is a \$35.0	0 check made payable to the De	partment of State.					
	·	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle				

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	ate of Florida	his ——	_
1. The name of t	the corporation: Christ	topher John H	leller, M.D., P.A.			
2. The principal Stuart, FL	office address: 985 S. 34996	•	d.			
3. The mailing a	address (if different):	<u>-</u>	·		_	
4. Date of incorp	poration/qualification:	12/18/2008	Document number:	P080001	0956	6
	d street address of the cur rtment of State: (If resign		nt and registered office on f	file with the		
	Heller, Christophe	r J.				
	985 S.E. St. Lucie	Blvd.				
	Stuart, FL 34996	· • • • • • • • • • • • • • • • • • • •				
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or register	red office AHA	MIT 60	and the Carlo
	DEC Consultants,	Inc.		ARY SSE	6	
	1515 Indian River	Boulevard, Suit	e A-210	E.F.	*	
	Vara Basah El 20	P.O. Box NOT ac	cceptable	ORI	9: 32	U
The street addre	Vero Beach, FL 32		d C d 1			
as changed will	be identical.	ce and the street ad	dress of the business offic	te of its register	red age	₽NL,
Such change was authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or led in writing of the chang	· by an officer s ge.	0	
Signatu	ure of an officer or director		Christopher J. Ho		ent	_
I hereby accept	the annointment as rec	tistered agent and a isions of all statute id accept the obliga ct a change in the r g of this change.	agree to act in this capacies relative to the proper a tion of my position as reg registered office address,	ity. nd complete pe gistered agent. I hereby confiri	rforma Or, if m that	ince this the
		_	06/04	12009		
Sig	gnature of Registered Agent		Date /	/ - 1		_
If signing on be	chalf of an entity:					•
	pert Rappel, Esquire Typed or Printed Name	<u> </u>				
	, p== 0, 1uuiii					

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