

P09000030116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

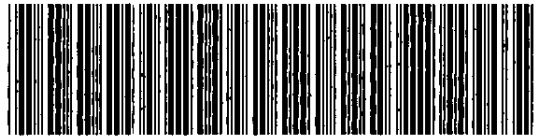
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TALLAHASSEE, FLORIDA

PA change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Surgery Institute, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000030116

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:

Nancy Tabares
Name of Contact Person

Florida Surgery Institute
Firm/Company

8364 SW 8th Street
Address

Miami FL 33144
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica Vazquez at (305) 484-1329
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 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: Florida Surgery Institute Inc
2. The principal office address: 8364 SW 8th Street, Miami FL 33144

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 04/02/2009 Document number: P09000030116

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)

GORT, IOSBERTO

11123 NW 7 Street, Apt 105

Miami FL 33172

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

TABARES, NANCY

8364 SW 8th Street

P.O. Box NOT acceptable

Miami FL 33144

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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

Nancy Tabares, President
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

Nancy Tabares, President
Date

If signing on behalf of an entity:

Typed or Printed Name

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