

P09000039623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

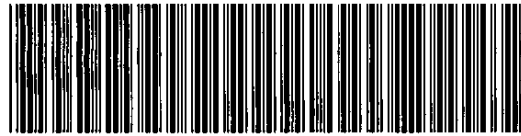
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AND
FILED

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11/5/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cardiac Arrhythmia Institute PA
Name of Corporation

DOCUMENT NUMBER: P09000039623

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:

Sidney Peykar MD
Name of Contact Person

CXI
Firm/Company

1964 Datura St
Address

Sarasota FL 34239
City/State and Zip Code

PEYK23@YX100.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sidney Peykar at 941 894-8297
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cardiac Arrhythmia Institute PA
2. The principal office address: 713 E. Marion Ave Suite 135
Punta Gorda FL 34239
3. The mailing address (if different): PO Box 510363
Punta Gorda FL 33951
4. Date of incorporation/qualification: 5/1/07 Document number: PO9000039623
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)

Biz Filings
1203 Governors Square Blvd Suite 101
Tallahassee FL 32301

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

Sidney Peykar MD
1964 Datura St
Sarasota FL 34239

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.

SR Peykar
Signature of an officer or director

Sidney Peykar MD /p
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.

SR /m
Signature of Registered Agent

11/1/10
Date

If signing on behalf of an entity:

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