

PD9000051204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

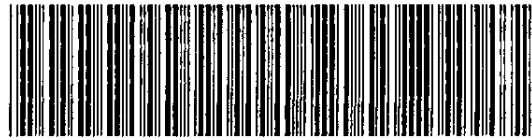
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400207296754

05/09/11--01055--007 \*\*35.00

RT to ch

FILED  
11 MAY 31 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-31-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2011

SHRIKANTH UPADYA  
CARDIAC AND VASCULAR CONSULTANTS INC  
5640 SPINNAKER LOOP  
LADY LAKE, FL 32159

SUBJECT: CARDIAC AND VASCULAR CONSULTANTS INC.  
Ref. Number: P09000051204

We have received your document for CARDIAC AND VASCULAR CONSULTANTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 211A00012123

RECEIVED  
11 MAY 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cardiac and Vascular Consultants Inc  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Shrikanth Upadya  
Name of Contact Person

Cardiac and Vascular Consultants Inc  
Firm/Company

5640 Spinnaker Loop  
Address

Lady Lake, FL 32159  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shrikanth Upadya at ( 352 ) 348 1163  
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: Cardiac and Vascular Consultants Inc.
2. The principal office address: 5640 Spinnaker Loop  
Lady Lake, FL 32159
3. The mailing address (if different): 5640 Spinnaker Loop  
Lady Lake, FL 32159
4. Date of incorporation/qualification: 6/11/2009 Document number: 009000051204
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)

Business Filings Incorporated

1203 Governor's Square Blvd, Suite 101

Tallahassee, FL 32301-2960

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

Anupama Upadya

5640 Spinnaker Loop

P.O. Box NOT acceptable

Lady Lake, FL 32159

FILED  
11 MAY 31 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Shrikanth P Upadya  
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

Anupama Upadya  
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  
CR2E045 (8/05)