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COVER LETTER

TO:

Amendment Section Division of Corporations

Justin Yovino MD PA

P09000064356

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:

Justin Yovino

Name of Contact Person

Justin Yovino MD PA

Firm/Company

3201 N Federal Highway, Suite 302

Fort Lauderdale 33306

City/State and Zip Code

justinyovino@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Yovino

Name of Contact Person

786 417-4587
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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Justin Yoving	MD PA	
2. The principal	office address: 3201 N Federale 33306	al Highway, Suite 302	
3. The mailing a	ddress (if different): 635 Euclid	I Ave #115 Miami Beach, FL 33139	
4. Date of incorp	poration/qualification: July 29,	2009	356
	street address of the current regist tment of State: (If resigned, enter re 910 NE 26 Ave	ered agent and registered office on file with the resigned) Justin You ino,	MD
	Fort Lauderdale, FL 3330	04	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	SECRETARY 12 SEP 10
	3201 N. Federal Highwa	y, Suite 302	PH PH
	Fort Lauderdale, FL 3330	OK NOT acceptable	ORPORATIONS PM 2: 4.1
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of its regist	ered agent,
I hereby accent	re of an officer or director	Justin Yovino, MD President Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the registered office addressified in writing of this change.	
	\mathcal{A}	8-1-2012	
()	half of an entity:	Date	
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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