

P100000009330

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARK MIKULAK CRNA, P.A., Inc.
Name of Corporation

DOCUMENT NUMBER: P10000009330

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:

MARK MIKULAK
Name of Contact Person

MARK MIKULAK CRNA, P.A., Inc.
Firm/Company

4005 W. EL PRADO BLVD
Address

TAMPA, FL 33629
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK MIKULAK at (727) 481-4510
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: MARK MIKULAK CANA PA, INC.
2. The principal office address: 4005 W. EL Prado BLVD
Tampa, FL, 33629
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2010 Document number: P10000009330

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)

MARK MIKULAK
219 Brookside CT
PALM HARBOR, FL 34683


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

MARK MIKULAK
4005 W. EL Prado BLVD
P.O. Box NOT acceptable
TAMPA, FL 33629

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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

MARK MIKULAK / 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

11/30/11
Date

If signing on behalf of an entity:

MARK MIKULAK CANA PA, INC.
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)