

P10000036590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

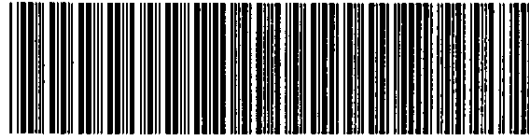
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TBrown 4-15-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YMG Pulmonary & Sleep Disorders Center, P.A.
Name of Corporation

DOCUMENT NUMBER: P100000 36590

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:

Nelson Thaucek

Name of Contact Person

Rife Family Practice Center

Firm/Company

1501 US Hwy 441 N., Suite 1702

Address

The Villages, FL 32159

City/State and Zip Code

thelator@aol.com

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

For further information concerning this matter, please call:

Nelson Thaucek

Name of Contact Person

at (352) 7504333

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

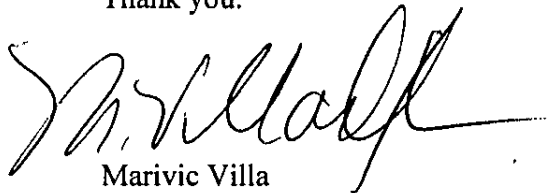
April 11, 2011

Ms. Teresa Brown
Regulatory Specialist 11
Florida Dept. of State
Division of Corporations

Subject: VMG Pulmonary and Sleep Institute, PA
Ref. Number: P10000036590

The name of the above has been corrected on the request of Change of
Registered Agent, please continue processing.

Thank you.

A handwritten signature in black ink, appearing to read 'M. Villa', with a stylized flourish extending to the right.

Marivic Villa
President
VMG Pulmonary and Sleep Institute
3367 Wedgewood Lane
The Villages, FL 32162
Tel. 352-3501600



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2011

NELSON KRAUCAR
LIFE FAMILY PRACTICE CENTER
1501 US HWY 441 N STE 1702
THE VILLAGES, FL 32159

SUBJECT: VMG PULMONARY AND SLEEP INSTITUTE, PA
Ref. Number: P10000036590

We have received your document for VMG PULMONARY AND SLEEP INSTITUTE, PA 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 can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 411A00008369

**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: VMG Pulmonary Sleep Institute, PA
2. The principal office address: 3367 Wedgewood Lane
The Villages, FL 32162
3. The mailing address (if different): 1507 Buenos Aires Blvd., The Villages, FL 32159

4. Date of incorporation/qualification: 4/23/2010 Document number: P1000036590

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)

Aresenejenah, Dan (Resigned)
1507 Buenos Aires Blvd
The Villages, FL 32159

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

Nelson Kraucak
1507 Buenos Aires Blvd.
The Villages, FL 32159

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

M. Villa MARIVIE VILLA
Signature of an officer or director 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] 7/20/11
Signature of Registered Agent Date

If signing on behalf of an entity:

NELSON KRAUCAK
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)