

PI1000000010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

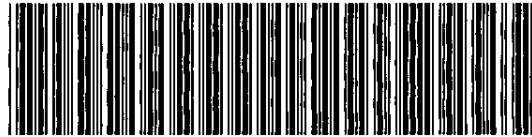
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800221189498

02/10/12--01015--005 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 FEB 10 PM 4:15

FILED

*NO Change*

FEB 13 2012

T. LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARLOS GUEVARRA, MD PA  
Name of Corporation

**DOCUMENT NUMBER:** P11000000010

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:

CARLOS GUEVARRA

Name of Contact Person

CARLOS GUEVARRA, MD PA

Firm/Company

2571 WOODGROVE ROAD

Address

FLAMING ISLAND IFL 32047

City/State and Zip Code

SHARLOS @ POL.NET

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

For further information concerning this matter, please call:

CARLOS GUEVARRA

Name of Contact Person

at ( 904 ) 568-1511

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: CARLOS GUEVARA, M.D., P.A.
2. The principal office address: 2571 WOODGROVE ROAD  
FLEMING ISLAND, FL 32007
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: DEC 10 Document number: P11000000010

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)

GUEVARA, CARLOS MD  
820 PRUDENTIAL DR  
JACKSONVILLE, FL 32207

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

GUEVARA, CARLOS  
2571 WOODGROVE ROAD  
P.O. Box NOT acceptable  
FLEMING ISLAND, FL 32003

FILED  
12 FEB 10 PM 4:15  
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

CARLOS GUEVARA, 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

2/8/12  
Date

If signing on behalf of an entity:

CARLOS GUEVARA  
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)