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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

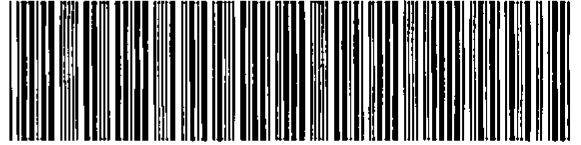
(Business Entity Name)

(Document Number)

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05/13/19--01019--028 \*\*35.00

S TALLENT

JUN 18 2019

2019 JUN 17 PM12:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

RIA-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2019

RUBEN FONT JR  
RUBEN FONT JR MD PA  
5885 CENTRAL AVE, STE A  
ST PETERSBURG, FL 33710

SUBJECT: RUBEN FONT, JR., MD, P.A.  
Ref. Number: P12000044157

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 919A00010595

RECEIVED

2019 JUN 17 AM 11:56

SUSAN TALLENT  
REGULATORY SPECIALIST II

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ruben Font Jr MD PA  
Name of Corporation

DOCUMENT NUMBER: P12000044157

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:

Ruben Font Jr  
Name of Contact Person

Ruben Font Jr MD PA  
Firm/Company

5885 Central Ave, Ste A  
Address

St Petersburg, FL 33710  
City/State and Zip Code

rfj.mdpa@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben Font Jr at ( 850 ) 558-5602  
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: Ruben Font Jr, MD, PA.
2. The principal office address: 5885 Central Ave, Ste A  
St Petersburg, FL 33710
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/15/2012 Document number: P12000044157

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

1200 South Pine Island Road

Plantation, FL 33324

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

Loden, Frazee and Associates

5885 Central Ave, Ste A


P.O. Box NOT acceptable

St Petersburg, FL 33710

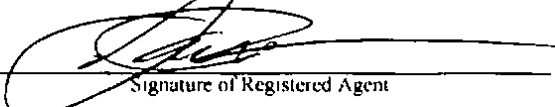
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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

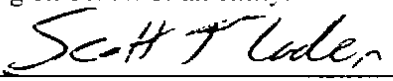
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Ruben Font Jr, P  
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.*

 6/6/19  
Signature of Registered Agent Date

If signing on behalf of an entity:

  
Typed or Printed Name

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