## P12 000056243

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Change of Address

Name of Corporation

DOCUMENT NUMBER, P12000056243

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:

Khushi A. Dhaliwal, M.D.

Name of Contact Person

Tampa Bay Family Physicians, Inc.

Firm/Company

1082 E. Brandon Blvd.

Address

Brandon, FL 33511

City/State and Zip Code

khushi.doctor@gmail.com

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

For further information concerning this matter, please call:

Khushi A. Dhaliwal

.,813

340-3040

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	
2. The principal	
-	FL 33511
3. The mailing a	ddress (if different):_PO BOX 3550
	n, FL 33509
4. Date of incorp	poration/qualification: 06/21/2012 Document number: P12000056243
	I street address of the current registered agent and registered office on file with the thment of State: (If resigned, enter resigned)
	Dhaliwal, Khushi A
	1082 E. Brandon Blvd
	Brandon, FL 33511
6. The name and (if changed):	Dhaliwal, Khushi A  4874 Sun City Center Blvd.  P.O. Box NOT acceptable  Sun City Center, FL 33573
	Dhaliwal, Khushi A
	4874 Sun City Center Blvd.
	P.O. Box NOT acceptable
	Sun City Center, FL 33573
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
	A Dhaliwal Khushi A. Dhaliwal
	Printed or typed name and title the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
_ Khshi	A Dhaliwal 11-16-2012
Sign	ature of Registered Agent Date
If signing on bel	nalf of an entity:
Ty	ped 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 (03/12)