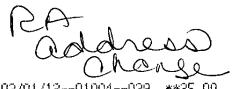
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Jorge Paoli-Bruno, M.D., P.A.

Name of Corporation

DOCUMENT NUMBER: P12000058052

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:

Jorge Paoli-Bruno

Name of Contact Person

Jorge Paoli-Bruno, M.D., P.A.

Firm/Company

P.O. Box 227113

Address

Doral, FI 33222-7113

City/State and Zip Code

paolijorge@hotmail.com

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

For further information concerning this matter, please call:

Jorge Paoli-Bruno

.,305

793-1853

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	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.
	the corporation: Jorge Paoli-Bru	
2. The principal	office address: 9851 NW 8th To	errace
3. The mailing a Doral, F	address (if different): PO Box 227	'113 .
4. Date of incorp	poration/qualification: 6/28/2012	Document number: P12000058052
5. The name and		ed agent and registered office on file with the
	Jorge Paoli-Bruno	
	7437 NW 107PI	4
	Doral, FI 33178-2197	TEB F
7437 NW 107Pl Doral, Fl 33178-2197 6. The name and street address of the new registered agent (if changed) and /or registered office Property of the changed): Jorge Paoli-Bruno		
	Jorge Paoli-Bruno	
	9851 NW 8th Terrace	
	P.O. Box Miami, FI 33172-3460	NOT acceptable
The street address changed will	ess of its registered office and the str I be identical.	eet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ado he board, or the corporation has beer	oted by its board of directors or by an officer so notified in writing of the change.
Signatu	up olden older or director	Jorge Paoli-Bruno (Res Jent)
I hereby accept I further agree performance of	the appointment as registered agent to comply with the provisions of all a f my duties, and I am familiar with a	t and agree to act in this capacity. Statutes relative to the proper and complete ad accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.
Sig	hature of Registered Agent	1/28/2013
•	chalf of an entity:	
Jorge Paoli		
T	Smed or Drinted Name	

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