

P12000080488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

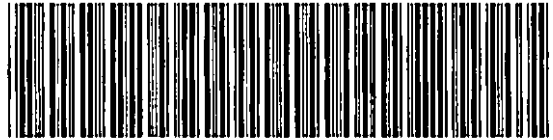
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



400315856524

08/24/18--01005--002 **10.00

07/13/18--01018--001 **25.00

FILED
2018 AUG 20 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

PA CH

08/21/18

De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2018

JUDITH HURTADO
17779 SW 2ND STREET
PEMROKE PINES, FL 33029

SUBJECT: ALL-PRO ORTHOPEDICS AND SPORTS MEDICINE P.A.
Ref. Number: P12000080488

We have received your document for ALL-PRO ORTHOPEDICS AND SPORTS MEDICINE P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 318A00015407

RECEIVED
18 AUG 20 AM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL-PRO ORTHOPEDICS AND SPORTS MEDICINE P.A.
Name of Corporation

DOCUMENT NUMBER: P12000080488

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:

JUDITH HURTADO

Name of Contact Person

Firm/Company

17779 SW 2ND STREET

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

JUDITH.HURTADO@ALLPROORTHOPEDICS.COM

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

For further information concerning this matter, please call:

JUDITH HURTADO

Name of Contact Person

at (**954**) **322-1110**

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: ALL-PRO ORTHOPEDICS AND SPORTS MEDICINE P.A.
2. The principal office address: 17779 SW 2ND STREET, PEMBROKE PINES, FL 33029

3. The mailing address (if different): 17779 SW 2ND STREET, PEMBROKE PINES, FL 33029

4. Date of incorporation/qualification: 09/24/2012 Document number: P12000080488

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)

DAVID DI PIETRO & ASSOCIATES, P.A.

101 NE 3RD AVE, SUITE 1410

FORT LAUDERDALE, FL 33301

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

JUDITH HURTADO

17779 SW 2ND STREET

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33029

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 20 PM 3:34

FILED

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

JUDITH HURTADO, COO

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

August 16, 2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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