

P/2000093857

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T. CARTER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WENDELL O. BLAKE, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P12000093857

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:

Marc A. Guerrier, M.D.  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

1417 Lakeland Hills Blvd  
Address

Lakeland, FL 33805  
City/State and Zip Code

MGuerrier@Primarymedicalcenter.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annie Sanabria at ( 863 ) 940-3849  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WENDELL O. BLAKE, M.D., P.A.
2. The principal office address: 505 MARTIN LUTHER KING JR AVENUE  
SUITE 2 LAKELAND, FL 33815
3. The mailing address (if different): 1417 LAKELAND HILLS BLVD SUITE 106  
LAKELAND, FL 33805
4. Date of incorporation/qualification: 11/5/2012 Document number: P12000093857
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)

Wendel, John Fattorno  
340 West Highland Drive  
LAKELAND, FL 33813

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

Marc Guerrier, MD  
505 MARTIN LUTHER KING JR AVENUE  
SUITE 2 LAKELAND, FL 33815

P.O. Box NOT acceptable

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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.

WOB Blake, Jr  
Signature of an officer or director

WENDELL O. BLAKE, M.D.  
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.*

Max Guerrier  
Signature of Registered Agent

2/4/2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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