

P130000069158

(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:

Office Use Only



200273794682

06/10/15--01019--022 **35.00

2015 JUN 10 PM 3:41
FBI
SECRETARY OF STATE
DIVISION OF CERTIFICATION

Rolch8

JUN 19 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sady A. Alpizar, MD, PA.

Name of Corporation

DOCUMENT NUMBER: P13000069158

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:

Ricardo Alpizar, MBA.

Name of Contact Person

Sady A. Alpizar, MD, PA.

Firm/Company

2713 W. Virginia Ave

Address

Tampa, FL 33607

City/State and Zip Code

richardalpizar@yahoo.com

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

For further information concerning this matter, please call:

Ricardo Alpizar, MBA.

Name of Contact Person

at (813) 4474778

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: Sady A. Alpizar, MD, PA.
2. The principal office address: 2713 W. Virginia Ave, Tampa FL 33607

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/20/2013 Document number: P13000069158

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)

Sady A. Alpizar, MD.

3970 Round Table Ct

Land O Lakes, FL 34638

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

Sady A. Alpizar, MD.

2713 W, Virginia Ave

P.O. Box NOT acceptable

Tampa, FL 33607

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

Ricardo Alpizar, MBA.

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

06/07/2015

Date

If signing on behalf of an entity:

Sady A. Alpizar, MD

Typed or Printed Name

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 JUN 10 PM 3:42