

P140000 17407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

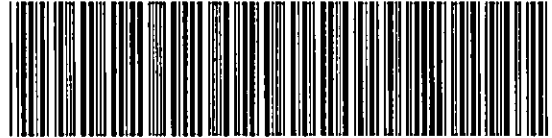
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Zivkovic Family Medicine, P.A.
Name of Corporation

DOCUMENT NUMBER: P14000017407

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:

Krista Zivkovic

Name of Contact Person

Zivkovic Family Medicine, P.A.

Firm/Company

2546 Heydon Lane

Address

Cape Coral, FL 33991

City/State and Zip Code

robzivko@gmail.com

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

For further information concerning this matter, please call:

Krista Zivkovic

Name of Contact Person

at (239)

565-0924

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Zivkovic Family Medicine, P.A.
2. The principal office address: 2546 Heydon Lane
Cape Coral, FL 33991
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/15/2014 Document number: P14000017407
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)

Krista M. Zivkovic

949 CHIQUITA BLVD S

Cape Coral, FL 33991

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

Krista M. Zivkovic

2546 Heydon Lane

P.O. Box NOT acceptable

Cape Coral, FL 33991

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.



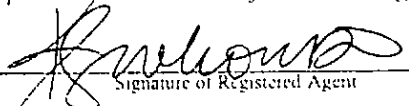
Signature of an officer or director

Krista Zivkovic

P

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

4/21/2020

Date

If signing on behalf of an entity:

Krista Zivkovic

Typed 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

CR2E025 (04/13)

2020 APR 27 PM 6:03

