

P14000059806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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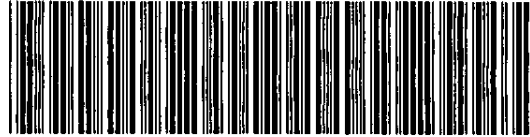
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 JUN 11 PM 2:50

JUN 19 2015

T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Park Group Inc.
Name of Corporation

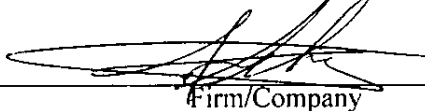
DOCUMENT NUMBER: P14000059806

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:

Alvaro Rauseo

Name of Contact Person



Firm/Company

9090 SW 87 ct

Address

Miami, FL 33176

City/State and Zip Code

alvarogv@MPGMiami.com

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

For further information concerning this matter, please call:

Alvaro Rauseo

Name of Contact Person

at (786) 325-0868

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: Medical Park Group Inc.
2. The principal office address: 9090 SW 87 ct Miami FL 33176
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/19/14 Document number: P24000059806

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)

Rauseo, Alvaro
9090 SW 87 ct Miami FL 33176

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

Garcia Villegas, Alvaro
9090 SW 87 ct Miami FL 33176

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.


Signature of an officer or director

Alvaro Rauseo
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

6/4/15
Date

If signing on behalf of an entity:

Alvaro Garcia Villegas
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