

P1800000 75414

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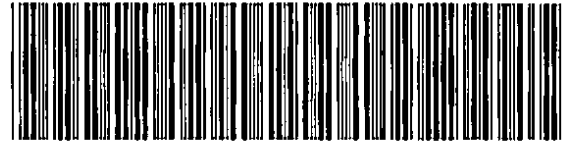
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TO: Amendment Section  
Division of Corporations

SUBJECT: Lissette D. Cortazar MOPA  
Name of Corporation

DOCUMENT NUMBER: P18000075414

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:

Lissette D. Cortazar, M.D.  
Name of Contact Person  
3850 S.W. 87th Avenue Lissette D. Cortazar  
Firm/Company MOPA  
3850 S.W. 87th Avenue, Suite 202  
Address  
Miami, FL 33145  
City/State and Zip Code  
mchoiceconsultants@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Alzuri at (305) 798-6945  
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

