

P940000 57685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

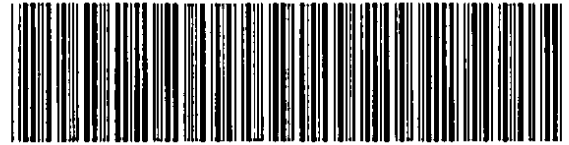
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2020 APR 20 AM 11:27

FULL
SECRETARY
DIVISION OF COURT REPORTING

QMA
H/21/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 20 AM 11:29

March 18, 2020

DEBBIE HAMMER
400 NW 74TH AVENUE
PLANTATION, FL 33317

SUBJECT: CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.
Ref. Number: P94000057685

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 920A00005874

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARDIOVASCULAR MEDICINE ASSOCIATES, P.A.
Name of Corporation

DOCUMENT NUMBER: P94000057685

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:

DEBBIE HAMMER

Name of Contact Person

HAMMER NAVARRO & ASSOCIATES PA

Firm/Company

400 NW 74TH AVENUE

Address

PLANTATION, FL 33317

City/State and Zip Code

DHAMMER@IHHAACPA.COM

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

For further information concerning this matter, please call:

SAM HAMMER

Name of Contact Person

at (954) 370-6100

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: CARDIOVASCULAR MEDICINE ASSOCIATES PA
2. The principal office address: 6200 SUNSET DRIVE, SUITE 401
SOUTH MIAMI, FL 33143
3. The mailing address (if different): _____
4. Date of incorporation/qualification: CS/C14/1994 Document number: P94000057685
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)

MARSHALL BURACK

2525 PONCE DE LEON BOULEVARD, SUITE 625

CORAL GABLES, FL 33134

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

MARSHALL BURACK

200 E PALMETTO PARK ROAD, SUITE 103

P.O. Box NOT acceptable

BOCA RATON, FL 33432

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.

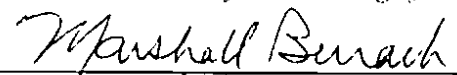


Signature of an officer or director

SAMUEL HAMMER, CPA

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

4/16/2020

Date

If signing on behalf of an entity:

MARSHALL BURACK

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
CR2E045 (04/13)

FILED
DIVISION OF CORPORATIONS
2020 APR 20 AM 11:27