

P94000068591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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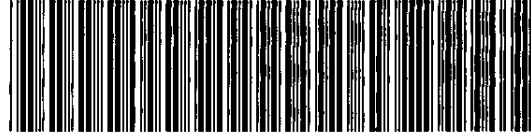
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 6-22-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2011

MARIN BAUTISTA MD
THE FAMILY DOCTOR'S OF BUENA VENTURA PA
3010 HUNTER'S CREEK BLVD
ORLANDO, FL 32837

SUBJECT: THE FAMILY DOCTORS OF BUENA VENTURA, P.A.
Ref. Number: P94000068591

We have received your document for THE FAMILY DOCTORS OF BUENA VENTURA, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 711A00014547

RECEIVED

11 JUN 22 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Family Doctor's of Buena Ventura PA
Name of Corporation

DOCUMENT NUMBER: P94000068591

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:

Marin Bautista MD
Name of Contact Person

The Family Doctor's of Buena Ventura PA
Firm/Company

3010 Hunter's Creek Blvd.
Address

Orlando 32837
City/State and Zip Code

marin.b@thefamilydoctorspa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emelys Mendoza Acosta at (407) 348-0399
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

**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: The Family Doctor s of Buena Ventura PA .
2. The principal office address: 3010 Hunter's Creek Boulevard
Orlando, FI 32837
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/14/1994 Document number: P94000068591

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)

Marin Bautista MD
790 Buenaventura Boulevard
Kissimmee, FI 34743

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

Marin Bautista MD
3010 Hunter's Creek Boulevard
Orlando, FI 32837

P.O. Box NOT acceptable

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

Marin Bautista MD
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

6/9/2011
Date

If signing on behalf of an entity:

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 (8/05)

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