

P95000026643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

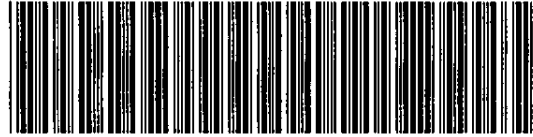
(Business Entity Name)

(Document Number)

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RA change

AUG 14 2012

T. CAULEY

8-6-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fernando Pino M.D. P.A.
Name of Corporation

DOCUMENT NUMBER: P95000026643

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:

Raquel K.
Name of Contact Person

Fernando Pino M.D. P.A.
Firm/Company

8600 S.W. 92nd Street. Suite # 104
Address

Miami, FL 33156-7377
City/State and Zip Code

FPino 911 DAOI.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raquel K. at (305) 595-1949
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. CK# 3113 FOR \$35.00

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

Thank you.

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 617.1509, 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: Fernando Pino, M.D., P.A.
2. The principal office address: 8600 S.W. 92nd Street, Ste #104
Miami, FL 33156-7377
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 4-4-1995 Document number: P 95 0000 26643

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)

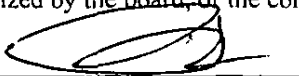
Fernando Pino M.D.
8720 N. Kendall Drive Ste 211
Miami, FL 33176

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

Fernando Pino M.D.
8600 S.W. 92nd Street Ste #104
P.O. Box NOT acceptable
Miami, FL 33156-7377

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

Fernando Pino M.D.
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

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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