

P960000 73458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S TALLENT  
MAY 11 2018

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2018

MARTA ORTEGA  
BAPTIST ECHOCARDIOGRAPHY ASSOCIATES, INC  
8353 S.W. 124 STREET, SUITE 208  
MIAMI, FL 33156

SUBJECT: BAPTIST ECHOCARDIOGRAPHY ASSOCIATES, INC.  
Ref. Number: P96000073458

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 918A00008192

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAPTIST ECHOCARDOGRAPHY ASSOCIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P96000073458

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:

MARTA ORTEGA

Name of Contact Person

Firm/Company

8353 SW 124TH STREET #208

Address

MIAMI FL 33156

City/State and Zip Code

baptistekg@msn.com

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

For further information concerning this matter, please call:

MARTA ORTEGA

Name of Contact Person

at ( 305 ) 235-9038

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: BAPTIST ECHOCARDIOGRAPHY ASSOCIATES, INC.
2. The principal office address: 8353 SW 124TH STREET, SUITE # 208  
MIAMI FL 33156
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/05/1996 Document number: P96000073458

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)

COEL, MARK AESQ .

ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350

BOCA RATON, FL 33431-0000

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

MARTA ORTEGA

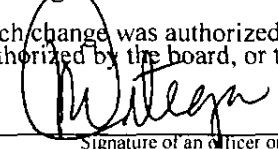
8353 SW 124TH STREET, SUITE #208

P.O. Box NOT acceptable

MIAMI, FL 33156

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

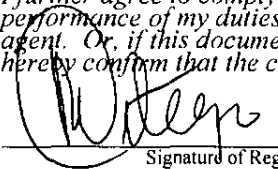
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

MARTA ORTEGA/SEC/TRE/CFO

\_\_\_\_\_  
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

04/30/2018

\_\_\_\_\_  
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 (03/12)