

P97 000068198

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TREASURE COAST CARDIOLOGY, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P97000068198

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:

Dr. Shakoor A. Arain

Name of Contact Person

TREASURE COAST CARDIOLOGY, P.A.

Firm/Company

1713 Hwy 441 North, Okeechobee, FL 34972

Address

Okeechobee, FL 34972

City/State and Zip Code

shakoorarain@aol.com

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

For further information concerning this matter, please call:

John D. Cassels, Jr.

Name of Contact Person

at ( 863 ) 763-3131 jdc@legal-one.com

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: TREASURE COAST CARDIOLOGY, P.A.  
2. The principal office address: 1713 Hwy 441 North, Okeechobee, FL 34972

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/07/1997 Document number: P97000068198

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)

John D. Cassels, Jr.  
400 NW 2nd Street  
Okeechobee, FL 34972

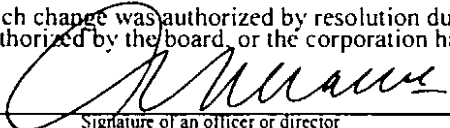
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shakoor A. Arain  
1713 Hwy 441 North  
P.O. Box NOT acceptable  
Okeechobee, FL 34972

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JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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

Shakoor A. Arain, Director  
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

✓ 10-24-2019  
Date

If signing on behalf of an entity:

N/A  
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)