

P98000093196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

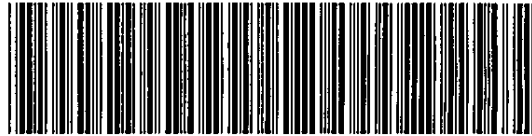
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100102814331

05/21/07--01020--010 \*\*35.00

FILED

07 MAY 21 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CB PA 1/

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Riverside Pediatrics, P.A.  
(Name of Corporation)

DOCUMENT NUMBER: P98000093196

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:

Liliana Palacio, MD  
(Name of Contact Person)

Riverside Pediatrics, P.A.  
(Firm/Company)

5305 State Road 64 East  
(Address)

Bradenton, FL 34208  
(City/State and Zip Code)

For further information concerning this matter, please call:

Liliana Palacio, MD at (941) 747-2242  
(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: Riverside Pediatrics, P.A.
2. The principal office address: 5305 State Road 64 East  
Bradenton, Florida 34208
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/2/1998 Document number: P98000396
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


Liliana Palacio  
300 Riverside Drive East, Ste 1300  
Bradenton, FL 34208

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

Riverside Pediatrics, P.A.  
5305 State Road 64 East  
(P.O. Box NOT acceptable)  
Bradenton, FL 34208


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)

LILIANA PALACIO MD (president)  
(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)

5/14/07  
(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)