

P99 0000 18566

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: suketu1234@yahoo.com

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**REGISTERED AGENT CHANGE
ALL AMERICAN INTERNIST PA**

Certificate of Status	0
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TALLAHASSEE, FL

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: All American Internist PA
2. The principal office address: 7593 Aralia Way, Largo, FL 33777
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/24/1999 Document number: P99000018566
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)

Suketu Desai

7593 Aralia Way,

Largo, FL 33777

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

FLP RA Services LLC

360 Central Avenue, STE 800,

P.O. Box NOT acceptable

St. Petersburg, FL 33701

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.

Suketu Desai
Signature of an officer or director

Suketu Desai, 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.

Vishva S. Nandu

Signature of Registered Agent

06 / 24 / 2024

Date

If signing on behalf of an entity:

Vishva S. Nandu, Authorized Representative

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 (04/13)