

P99000019537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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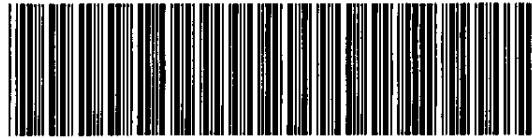
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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4-30-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pulmonary Physicians, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P99000019537

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:

Denise Woods
(Name of Contact Person)

Pulmonary Physicians, P.A.
(Firm/Company)

820 SE 36th Lane
(Address)

Ocala, Florida 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Woods- Office Manager at (352) 629-1199
(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: Pulmonary Physicians, P.A.
2. The principal office address: 2917 SE 27th Avenue Ocala, Florida 34471-6282
3. The mailing address (if different): _____

4. Date of incorporation/qualification: February 25th, 1999 Document number: P99000019537

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Perin Alfredsunder, M.D.

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

Perin Alfred, M.D.

820 SE 36th Lane

(P.O. Box NOT acceptable)

Ocala, Florida 34471

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)

Perin Alfred, M.D., 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.

Same Person

(Signature of Registered Agent)

April 26th, 2007

(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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TALLAHASSEE, FLORIDA

Petition for Name Change

(NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8 (Type or print clearly).

My full and correct name (current name):

1. PERINBANAYAGAM ALEREDSUNDER
(FIRST) (MIDDLE) (LAST)

2. Address: 2917 SE 27 Ave Ocala, FL 34471
(Number/Street) (City/State) (Zip Code)

3. Country of Nationality: India 4. Date of Birth: 02/04/1951
(Month) (Day) (Complete Year)

5. Alien Registration Card (Green Card) Number: A 043 828 435

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

PERIN ALERED
(FIRST) (MIDDLE) (LAST)

8. Date: 9/20/2004

Perinbanayagam Alfredsunder
Signature of Petitioner, (current name)

CERTIFICATION OF NAME CHANGE

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON FEB 16 2006
(Date)

SHERRYLL L. JOHNSON

(Clerk)

Ch
(Deputy Clerk)

IMPORTANT INFORMATION

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.