

P99000057047



West Coast  
Gynecologic  
Oncology

Hector A. Arango, M.D., FACOG  
1005 Pinellas Street  
Clearwater, Florida 33756

☐ PICK-UP ☐ WAIT ☐ MAIL

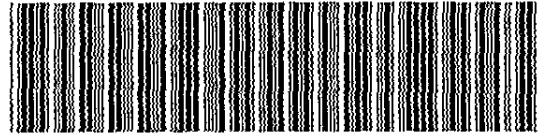
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100023919841

10/23/03--01029--003 \*\*35.00

FILED  
03 OCT 23 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RODRIGUEZ, O

**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: Hector A. Arango, MD, PA  
2. The principal office address: 1005 Pinellas St.  
Clearwater, FL 33756  
3. The mailing address (if different): same  
4. Date of incorporation/qualification: 6/22/99 Document number: P99000057047  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hector A. Arango, MD  
303 Pinellas St. Ste. 310  
Clearwater, FL 33756

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

Hector A. Arango, MD  
1005 Pinellas Street  
(P.O. Box or personal mailbox NOT acceptable)  
Clearwater, FL 33756

FILED  
03 OCT 23 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

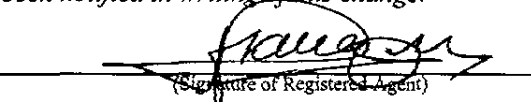
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Hector Arango 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)

10/14/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314