

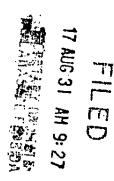
(Requestor's Name)	
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PICK-UP WAIT MAII	-
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2017

RICK MARCOS 13550 SW 120 ST STE 502 MIAMI, FL 33186

SUBJECT: SOUTHERNMOST FOOT AND ANKLE SPECIALISTS, P.A.

Ref. Number: S23161

We have received your document for SOUTHERNMOST FOOT AND ANKLE SPECIALISTS, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 917A00016306

Rebekah White Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	
1 The name of	of the corporation: Southern Most Foot And Ankle Specialist, P.A.	
	al office address: 975 Baptist Way, Suite:101; Homestead, FL 33033	
	g address (if different): 13550 SW 120 Street, Suite:502 , FL 33186	
4. Date of incor	prporation/qualification: 01/07/1991Document number: S23161	
5. The name an	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	GURU BILLERS	
	13400 SW 120 Street, Suite:305	-1
	Miami Fl 33186	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office	C
	GURU BILLERS	
	13550 SW 120 Street, Suite:502	
	P.O. Box NOT acceptable	
	Miami, FL 33186	
	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	DMITRY SANDLER, DPM Printed or typed name and title	
	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete if my duttes, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I at that the corporation has been notified in writing of this change.	
-XX-	08/01/2017	
/ ' _	gnature of Registered Agent Date	
/	ehalf of an entity:	
RICK MAR		
1)	Typed or Printed Name * * * FILING FEE: \$35.00 * * *	
	555766	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)