

V58206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

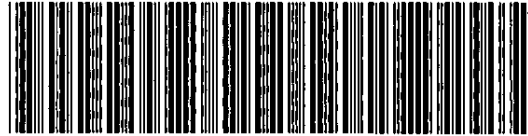
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01003 -011 **\$5.00

15 MAY 26 AM 8:18

RECEIVED
DIVISION OF REVENUE
MAY 26 2015

MAY 29 2015

C LEWIS

May 20, 2015

VIA US MAIL

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Family Physicians of Winter Park, P.A.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 Corp to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Ryan DeAnda
REGISTERED AGENT SOLUTIONS, INC.
1701 Directors Blvd., Suite 300
Austin, TX 78744

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMILY PHYSICIANS OF WINTER PARK, P.A.
Name of Corporation

DOCUMENT NUMBER: V58206

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:

Ryan DeAnda

Name of Contact Person

Registered Agent Solutions Inc.

Firm/Company

1701 Directors Blvd Ste. 300

Address

Austin Tx 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan DeAnda

Name of Contact Person

at (888) 705-7274

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: FAMILY PHYSICIANS OF WINTER PARK, P.A.
2. The principal office address: 6416 Old Winter Garden Rd. Orlando, FL 32835 USA
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/18/1992 Document number: V58206

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)

RAILEY HARDING & ALLEN, P.A.

15 N EOLA DRIVE

ORLANDO, FL 32801

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

Registered Agent Solutions Inc.

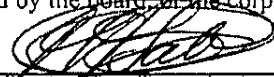
155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

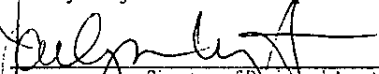


Signature of an officer or director

Imtiaz Sattaur, President & CEO

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

05/20/2015

Date

If signing on behalf of an entity:

Jaclyn Wright, Asst. Secretary

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 (03/12)

15 MAY 26 AM 8:19

2015 MAY 26 AM 8:19
DIVISION OF CORPORATIONS