

V 60824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100091777741

09/12/07--01026--005 **35.00

FILED
07 MAR 12 AM 4:02
SECRETARY OF STATE
MONTANA

RA CRY
3-12-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANUEL GONZALEZ - PEREZ M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: V60824

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:

MANUEL GONZALEZ - PEREZ M.D.
(Name of Contact Person)

ORTHOPAEDIC CLINIC OF CENTRAL FL
(Firm/Company)

631 PALM SPRINGS DRIVE
(Address)

WTAHOUTE SPRINGS, FL 3270
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL GONZALEZ at (407) 383-0080
(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: MANUEL GONZALEZ PEREZ M.D., PA.
- 2. The principal office address: 631 PALM SPRINGS DRIVE SUITE 108, GAITHER SPRINGS, FL 32701
- 3. The mailing address (if different): _____

- 4. Date of incorporation/qualification: SEPT 1/1992 Document number: V60824
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MANUEL GONZALEZ, M.D.
3923 ROSEWOOD WAY
ORLANDO, FL 32808

FILED
07 MAR 12 AM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MANUEL GONZALEZ PEREZ MD
631 PALM SPRINGS DRIVE SUITE 108
(P.O. Box NOT acceptable)
GAITHER SPRINGS, FL 32701

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.

Manuel Gonzalez Perez
(Signature of an officer or director)

MANUEL GONZALEZ-PEREZ
(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.

Manuel Gonzalez Perez
(Signature of Registered Agent)

3/09/2007
(Date)

If signing on behalf of an entity:
MANUEL GONZALEZ PEREZ
(Typed or Printed Name)

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