600489

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September 16, 2004

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

Re: Ronald Gelles, M.D., P.A./Doc. #600489

Dear Madam or Sir:

Enclosed for filing please find a completed Statement of Change of Registered Office for the above referenced Florida corporation. Also enclosed is check number 9948 in the amount of \$35.00 in payment of the filing fee.

Thank you for your prompt attention to this matter. Should you need anything further in order to process this filing, please contact the undersigned.

Sincerely,

RAFFERTY, HART, STOLZENBERG, GELLES & TENENHOLTZ, P.A.

Toni Clark

Certified Legal Assistant

Enclosures

Cc: Jared Gelles, Esq. (w/o encl.)

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

			0502, 607.1508, or 617.150	
this statement of Florida	•	-	organized under the laws of . l office or registered agent, c	•
of Florida.			ognoe or rogistered agora, c	100 P
•	the corporation:	Ronald Gel	les, M.D., P.A.	PG S
2. The principal	office address:	175 Westwar	rd Drive	显显了
		Miami, Flo	rida 33166-2260	SSET OF
3. The mailing a	address (if different):		·	70
4. Date of incorp	poration/qualification	n: <u>10-08-68</u>	Document number: _	600489
	d street address of the rtment of State:	e current registered	agent and registered office o	n file with the
		Jared Gelle	s, Esq.	
	1101	Brickell Avenu	e, Ste., 1400	
	Miami	, Florida 331	31	
	nd street address of	the new registered	agent (if changed) and /or	registered office (if
changed):		Jared Gelle	s, Esq.	·
	1401 B	rickell Avenue	, Ste., 825 x NOT acceptable)	<u></u>
	Mi	ami, Florida	33131	
The street addre	ess of its registered of ed will be identical.	office and the stree	t address of the business off	ice of its registered
Such change was author Red by the	as faithorized by resone the board, or the corp	olution duly adopte oration has been n	ed by its board of directors o otified in writing of the char	r by an officer so ige.
(Signature of an office	chairman or vice chairman o	of the board)	onald Gelles, Preside (Printed or typed name and th	nt e)
I further agree performance of registered ager office address,	t the appointment as	registered agent a provisions of all sta	nd agree to act in this capac tutes relative to the proper of accept the obligation of my terely to reflect a change in thas been notified in writing of 9-15-04	and complete
If signing dn beha	ignature of Registered Agent) If of an entity: Typed or Printed Name)		(Date)	

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