

509813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

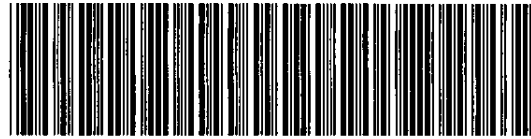
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200236544502

12/19/12--01003--014 **635.00

2/20/12 RW
R/A Chg / Reinst.

FILED
12 DEC 19 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JELLINGER & LERMAN M.D., PA
Name of Corporation

DOCUMENT NUMBER: 509813

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:

IRIS GROSS

Name of Contact Person

JELLINGER & LERMAN M.D., PA

Firm/Company

1150 N 35TH AVENUE SUITE 590

Address

HOLLYWOOD FL 33021

City/State and Zip Code

IRIS144@BELLSOUTH.NET

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

For further information concerning this matter, please call:

IRIS GROSS

Name of Contact Person

at 954 963-7191 EXT 238

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

RECEIVED
12 DEC 7 AM 9:36
CRS 2045 (03/13)
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: JELLINGER & LERMAN M.D., PA
- 2. The principal office address: 1150 N 35TH AVENUE SUITE 590
HOLLYWOOD FL 33021
- 3. The mailing address (if different): SAME AS ABOVE
- 4. Date of incorporation/qualification: 08/02/1976 Document number: 509813
- 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)

RESIGNED

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

SAM LERMAN MD

1150 N 35TH AVE SUITE 590

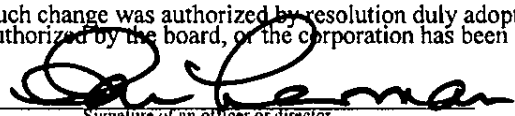
P.O. Box NOT acceptable

HOLLYWOOD FL 33021

FILED
12 DEC 19 PM 12:07
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

SAM LERMAN

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

12/12/12

Date

If signing on behalf of an entity:

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)