WDD314

(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:				

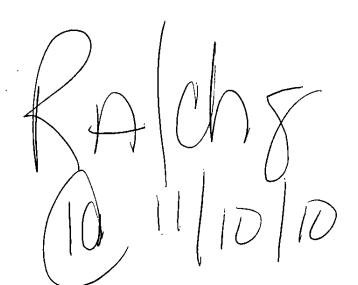




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TALLAHASSEE: FLORIDA



COVER LETTER

TO:		ent Section of Corporations			
SUBJ	ECT:	Saltzman, Tanis, Pittell,	Levin & Jacobson, Inc. Corporation		
DOC	UMENT N	UMBER:	600314		
The er	iclosed Stat	ement of Change of Registered Of	fice/Agent and fee are submitted for filing.		
Please	return all c	orrespondence concerning this ma	tter to the following:		
		Teri	ry Fields		
		Name of	Contact Person		
		Podiatri	c Associates		
			CASSOCIATES		
			ad 7, Building H, Suite 316		
		A	ddress		
	Lauderdale Lakes, FL 33319				
	City/State and Zip Code				
	tfields@pediatricassociates.com				
			or future annual report notification)		
For fu	rther inforn	nation concerning this matter, pleas	se call:		
		Terry Fields	954 \ 965-7321		
	Na	ame of Contact Person	at (<u>954</u>) <u>965-7321</u> Area Code & Daytime Telephone Number	-	
г. т.	1: 425	00 1 - 1 - 1 1 1 - 1 - 1 - 1 - D			
Encio	sea is a \$33	.00 check made payable to the Dep	partment of State.		
		Mailing Address:	Street Address:		
		Amendment Section	Amendment Section		
		Division of Corporations			
		P.O. Box 6327	Clifton Building		
		Tallahassee, FL 32314	2661 Executive Center Circle		
			Tallahassee, FL 32301		

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TO:

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: Saltzman, Tanis, Pittell, Levin & Jacobson, Inc.
2. The principal office address: 4620 North State Road 7, Building H, Suite 316
Lauderdale Lakes, FL 33319
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 12/19/1967 Document number: 600314
 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)
Gregory Taylor
c/o Pediatric Associates 4620 North State Road 7
Bldg H, Suite 316, Lauderdale Lakes, FL 33319
Bldg H, Suite 316, Lauderdale Lakes, FL 33319 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Terry O. Fields c/o Pediatric Associates 4620 North State Road 7 P.O. Box NOT acceptable
Terry O. Fields
c/o Pediatric Associates 4620 North State Road 7
P,O, Box NOT acceptable
Bldg H, Suite 316, Lauderdale Lakes, FL 33319
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.
Peter J. Shulman, M.D., CEO Signification of director
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.
7. Fuel October 29, 2010
Signature of Registered Agent Date
If signing on behalf of an entity:
Terry O. Fields 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 (8/05)