

638249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

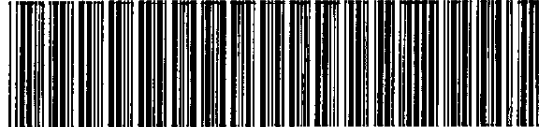
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09/16/05--01007--008 **35.00

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05 SEP 16 AM 10:00
TALLAHASSEE, FLORIDA

ROBERT E. AYLWARD

Attorney at Law

600 S. Magnolia Avenue
Suite 100
Tampa, Florida 33606-2762

Telephone: (813) 259-9984
Facsimile: (813) 259-0072

September 14, 2005

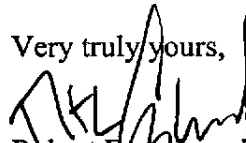
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bernard D. Stein, M.D., P.A.

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent or Both, together with our check payable to you in the sum of \$35.00 to cover the filing fee.

Very truly yours,



Robert E. Aylward

REA/sj
Enclosures
STEIN/091405RA-DepartmentofState

**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: Bernard D. Stein, M.D., P.A.
2. The principal office address: 508 S. Habana Ave., Suite 160
Tampa, Florida 33609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/01/79 Document number: 638249
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bernard D. Stein

508 S. Habana Ave., Suite 160

Tampa, Florida 33609

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

Robert E. Aylward

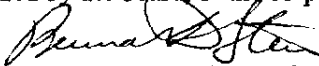
600 S. Magnolia Ave., Suite 100

(P.O. Box NOT acceptable)

Tampa, Florida 33606

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.

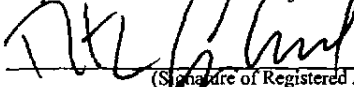


(Signature of an officer or director)

Bernard D. Stein, President

(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)

9/12/05

(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

FILED
05 SEP 16 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE