683759

S. Indgia MD 5008 SW 72 Apl.				
(Address)				
(City/State/Zip/Phone #)				
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Maloon

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

statement of chang	ge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida t ganized under the laws of the State of _ gistered agent, or both, in the State of F	Florida
1. The name of the	e corporation: SIDNEY N. INDG	IN, M.D., P.A.	
	ffice address: 5008 SW 72nd Av		
3. The mailing add	dress (if different):		
4. Date of incorpo	oration/qualification:	Document number: 683759)
5. The name and s Florida Departr		ed agent and registered office on file wi	th the
<u> </u>	ndgin, Sidney N., M.D. P	.A.	_ 88
<u>.</u>	7400 N. Kendell Dr., Ste	518	ARETAR:
	Miami, FL 33156		<u> </u>
6. The name and s (if changed):	street address of the new registered	agent (if changed) and /or registered of	MIO:55
	(name of registered age	nt not changed)	-
<u> </u>	5008 SW 72nd Avenue (P.O. Box NOT accep	astle)	_
<u> </u>	Miami, FL 33155	iaotej	_
The street addres as changed will b	s of its registered office and the street identical.	reet address of the business office of i	ts registered agent,
Such change was authorized by the	authorized by resolution duly add board, or the corporation has bee	pted by its board of directors or by ar n notified in writing of the change.	officer so
Silver (Signature	12. Solgin MD et al an officer or director)	Sidney N. Indgin, Preside	ent title)
I hereby accept the further agree to of my duties, and document is bein corporation has it	he appointment as registered agen comply with the provisions of all I am familiar with and accept the g filed merely to reflect a change i been notified in writing of this cha	t and agree to act in this capacity, statutes relative to the proper and cor obligation of my position as registere in the registered office address, I here nge.	nplete performance ed agent. Or, if this by confirm that the
Schr	A Large MD ature of Registered Agent)	$\frac{9/9/0}{\text{Date}}$	8
If signing on beh	•	, , .	
(Ту	ped or Printed Name)		

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