G80945

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(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2/11/09

COVER LETTER

1	SUBJECT: ALEATURE ENGOCTOR ASSOCIATES, PA (Name of Corporation)
	DOCUMENT NUMBER: G 80945
	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:
	Name of Contact Person)
	Aventura Endocitive Ausciate (Firm/Company)
	21097 NE 27 Court, ruite 300 (Address)
	AVERTUS FL 33180 (City/State and Zip Code)
	For further information concerning this matter, please call:
	(Name of Contact Person) at (305) 937-3000 (Area Code & Daytime Telephone Number)
	Enclosed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ALEATURA Endocrine Associates PA
2. The principal office address: 21097 NE 27 COUNT, Juite 300 Aventura, FL 33180
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/1/184/ Document number: 680945
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)
Marc Auerbach, Esz.
Marc Auerbook, Est. 200 S. Briscogne Blod, with 3990 Migni, FL 33131 6. The name and street address of the new registered agent (if changed) and for registered office of the company o
Fort Landerdale, FL 33316
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 profficer or director) Length Tholer, VP (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) 2-2-2009 (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
it signing on benair of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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