

DOCUMENT # H44072	
1. Entity Name FRANK FLASTERSTEIN, M.D., P.A.	

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90046 030 ***150.00

Principal Place of Business 405 DOWNING ST NEW SMYRNA BCH FL 32168	Mailing Address 405 DOWNING ST NEW SMYRNA BCH FL 32168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1722 State Road 44	3. Mailing Address 1722 State Road 44
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Smyrna Beach FL	City & State New Smyrna Beach FL
Zip 32168	Zip 32168
Country USA	Country USA

4. FEI Number 59-2484654	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUDLEY, JOSEPH P. 403 DOWNING ST. STE 209 NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> Delete
NAME FLASTERSTEIN, FRANK	
STREET ADDRESS 405 DOWNING ST	
CITY-ST-ZIP NEW SMYRNA BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Frank-Flasterstein-M.D.	
STREET ADDRESS 1722 State Road 44	
CITY-ST-ZIP New Smyrna Beach FL 32168	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (904) 428-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)