H82514

(Requestor's Name)						
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, , , , , ,						
PICK-UP WAIT MAIL						
(Duringer Entity Name)						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:	Amendment Sec Division of Corp								
SUBJ	SUBJECT: Samuel N. Cantor, D.P.M., P.A. Name of Corporation								
DOC	UMENT NUMBE	:R:	H82514						
The e	nclosed Statement	of Change of Registered Offic	ce/Agent and	fee are submitte	d for filing.				
Please	e return all correspo	ondence concerning this matte	er to the follo	wing:					
		Howard E. H	ammer, C.	P.A.					
		Name of Co	ontact Person	l					
	Fiske & Company								
	Firm/Company								
	1000 S. Pine Island Rd., Suite 440								
			dress						
	Plantation, FL 33324 City/State and Zip Code								
	howard@fiskeco.com								
	E-mail address: (to be used for future annual report notification)								
For fu	rther information of	concerning this matter, please	call:						
		Hammer, C.P.A.	at (9	54 ₎	236-8600 Telephone Number				
	Name of	Contact Person	Area	Code & Daytime	Telephone Number				
Enclo	sed is a \$35.00 che	ck made payable to the Depa	rtment of Sta	te.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ā □ C 2	treet Address: Amendment Sect Division of Corp Clifton Building 661 Executive (Callahassee, FL	Center Circle				

TO:

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

			607.1508, or 617.1508, Florid I under the laws of the State o			
			l agent, or both, in the State (
	the corporation; Samu					
2. The principal	office address: 601 No	rth Flamingo Ro	pad, Suite 103			
Pembroke	Pines, FL 33028		·-·			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	10/25/1985	Document number:	H82514		
	d street address of the cur rtment of State: (If resign		t and registered office on file	with the		
	Howard E. Hamme	r c/o Poole Gol	dstein			
	300 S. Pine Island Road, Suite 300					
	Plantation, FL 333	24		SSET P		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Howard E. Hamme	r c/o Fiske & Co	ompany	· · · · · · · · · · · · · · · · · · ·		
	1000 S. Pine Island Rd., Suite 440					
	P.O. Box NOT acceptable					
	Plantation, FL 333	24				
The street address changed will	ess of its registered offic be identical.	e and the street add	dress of the business office of	of its registered agent,		
Such change w authorized by t	as authorized by resoluti he board, or the corporat	ion duly adopted by ion has been notifi	y its board of directors or by ed in writing of the change.	an officer so		
	Carly	m.	SAMUEL N. CA Printed or typed name a	NTOR DUNER		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as reg to comply with the provi nd I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the r g of this change.	gree to act in this capacity. s relative to the proper and tion of my position as regist egistered office address, I h			
1/1			9/8/2010			
Sig	mature of Registered Agent		Date			
If signing on be	ehalf of an entity:					
Howmo	J- HANOLO Typed or Printed Name	·				

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