J57084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

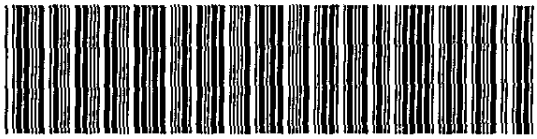
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900035393289

RA
Change

05/11/04--01068--017 **35.00

FILED
04 MAY 11 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR
5/17/04

Jeffrey M. Litt, M.D., FACOG
Marc A. Kaufman, M.D., FACOG
Nancy C. Galyon, A.R.N.P.
Ann Patrice Gomersall, A.R.N.P.
Obstetrics and Gynecology, Infertility

April 21, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327
(850) 245-6052 ph

Re: LITT & KAUFMAN, M.D., INC.
FEI#: 59-2789364
DOCUMENT#: J57084

To Whom It May Concern:

Please be advised that, effective **March 8, 2004**, my practice location and mailing address have changed from *875 Military Trail, Suite 200-202, Jupiter, FL 33458* to:

600 HERITAGE DRIVE, SUITE 210
JUPITER, FL 33458
(561) 354-1515 phone
(561) 354-1516 fax

In addition, please note that my **Title** has changed to **President**, and **Marc A. Kaufman's** title has changed to **Vice-President**.

Please update our corporate information accordingly, including Registered Agent and Officer/Director Detail. If you have any further questions, please do not hesitate to contact me at the office.

Thank you.

Sincerely,

Jeffrey M. Litt, M.D.
President

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Litt + Kaufman, M.D., Inc.
(Name of corporation)

DOCUMENT NUMBER: J57084

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:

Jeffrey M. Litt, M.D.
(Name of person)

Litt + Kaufman, M.D., Inc.
(Name of firm/company)

600 Heritage Drive, Suite 210
(Address)

Jupiter, FL 33458
(City/state and zip code)

For further information concerning this matter, please call:

Adam Polsky - Administrator at (561) 354-1515
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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: Litt + Kaufman, M.D., Inc.
2. The principal office address: 600 Heritage DRive, SUITE 210
   JUPITER, FL 33458
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/16/87 Document number: J57084
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Kaufman, Marc MD
   875 Military Trail, #200-202
   JUPITER, FL 33458

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

   Litt, Jeffrey MD
   600 Heritage Drive, Suite 210
   (P.O. Box or personal mailbox NOT acceptable)
   JUPITER, FL 33458

FILED
04 MAY 11 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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) — Marc A. Kaufman, MD - Vice-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) — 5/7/04 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) — (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314