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SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SETH B. FORMAN, MD, I	PL Limited Liability Compa)	–
	(Ivaille of	Limited Liability Compa	my)	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered	Office Change and fee(s)	are submitted for fil	ling.
Please	return all correspondence concerning	g this matter to the follow	ving:	
		:		
SETH	HB. FORMAN, MD	<i>.</i>		
	(Name of Person)			
				•
SEIF	H. B. FORMAN, MD, PL (Firm/Company)			
	(
3622	Madaca Lane		•	三元 57 元
	(Address)			解 F T
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Tamp	a, FL 33618			門 是"
	(City/State and Zip Code)			PILED STATE SECRETARY OF STATE FLORIDA
For fu	rther information concerning this ma	tter, please call:		•
SETH	I B. FORMAN, MD	at (813) 960-24		_
	(Name of Person)	(Area Cod	le & Daytime Teleph	ione Number)
- 10	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the follow	ing amount:		
	\$25 Filing Fee	\$55 Filing F	ee & Certified Copy	

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lin	nited liability con	npany is: SETH B. FOR	MAN, MD, PL			
2. The mailing address	s of the limited li	ability company is : 36	22 Madaca Lane, Tamp	oa, FL 33618		
October 13, 2006		<u>_</u>	L06000101702	•		
3. Date of filing/registration in Florida		4	4. Document number			
5. The name of the reg Florida Department		the registered office ac	ddress as shown on the	e records of the		
	Susan Forr					
		Name		•		
	4919 Bay W			300		
	Tomas El S	Address		から		
	Tampa, FL 3	City, State and Zip		超しま		
6. The name and addre	ess of the new reg	gistered agent and/or of		07 JUL 13 AM 11: 14 SECRETARY OF STATE FALLAHASSEE FLORID		
	SETH B. FC	RMAN		FLOST II:		
		Name				
	3622 Madaca	a Lane		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
`.	Florida stre	et address (P.O. Box N	OT acceptable)			
	Tampa,	FL 33618				
		City, State and Zip				
and the business office	hereby confirmed limited limit		. Or, in the case of a l	Florida limited		
SETH B. FORMAN (Printed or typed name of sig	nee)					
I hereby accept the ap comply with the provi- and I am familiar with Chapter 608, F.S. Or, address, I hereby conf	ppointment as reg stons of all sigtuit and accept the o if this document irm that the limit	ristered agent and agre es relative to the proper bligations of my position is being filed to merely ed liability company ha	e to act in this capacit r and complete perfori on as registered agent reflect a change in th as been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.		
(Signature of Registered Age	nt)	<u> </u>				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00