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AFRICATION CO.



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JOEL KORNBERG, M.D., J.D., P.A.

Name of Corporation
P0000100988

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:

Joel B. Kornberg

Name of Contact Person

Joel Kornberg, M.D., J.D., P.A.

Firm/Company

7777 Glades Rd Ste 100

Address

Boca Raton, FL 33434-4150

City/State and Zip Code

jkmdjd@aol.com

For further information concerning this matter, please call:

Joel B. Kornberg

Name of Contact Person

at (561) 750-5008

Area Code & Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of <mark>Florida</mark> istered agent, or both, in the State of Florida	
1. The name of	the corporation: Joel Kornberg, I	M.D., J.D., P.A.	
2. The principal	office address: 7777 Glades Rd	Ste 100, Boca Raton, FL 3343	4-4150
3. The mailing a	ddress (if different): Same		
4. Date of incorp	poration/qualification: 10/26/2000	Document number: P00000100)988
	I street address of the current registered treet address of the current of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	Joel B Kornberg		
	7301-A W. Palmetto Pk Ro	d. Suite 305-C	
	Boca Raton, FL 33433		7A 5 75
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		5 FEB 24 SECRETARY LLAHASSEI
	Joel B Kornberg		ų P RΥ (SEE
	7777 Glades Rd Ste 100		PH I: OF ST E. FLC
P.O. Box NOT acceptable Boca Raton, FL 33434-4150		PM 1:35 OF STATE E. FLORIDA	
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its regist	tered agent,
Such change was authorized by th	as authorized by resolution duly adoptine board, or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	SO
Signatu	Joel B Kornberg, Esq., President Printed or typed name and title		ident
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to r that the corporation has been notified	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as reg eflect a change in the registered office addr I in writing of this change.	zistered ess, I
· · · · · · · · · · · · · · · · · · ·	nature of Registered Agent	2/21/15	
·	half of an entity:	Date	
Joel B Kori	y ·		
	yned or Printed Name		

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