

PD/000070330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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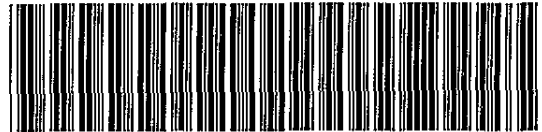
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

G. Goulette NOV 19 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANDRA GOLDFINGER MD PA
(Name of corporation)

DOCUMENT NUMBER: P 01000070330

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:

Sandra Goldfinger
(Name of person)

SANDRA GOLDFINGER MD, PA
(Name of firm/company)

17166 Gulf Pine Circle
(Address)

Wellington, FL 33414
(City/state and zip code)

For further information concerning this matter, please call:

Sandra Goldfinger at 561 7902252
(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: SANDRA GOLDFINGER, MD, PA
2. The principal office address: 17166 Gulf Pine Circle
Wellington, FL 33414
3. The mailing address (if different): 17166 Gulf Pine Circle
Wellington, FL 33414
4. Date of incorporation/qualification: 7/17/01 Document number: P 01000070330

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATE CREATIONS
941 Fourth Street #200
Miami Beach, FL 33139

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

Sandra Goldfinger
17166 Gulf Pine Circle, Wellington, FL
33414
(P.O. Box or personal mailbox NOT acceptable)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Sandra Goldfinger
(Signature of an officer or director)

SANDRA GOLDFINGER, MD, 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.

Sandra Goldfinger
(Signature of Registered Agent)

11/11/03
(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