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Office Use Only

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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: BABITA JHA SETHI, MD., P.A. (Name of corporation)						
DOCUMENT NUMBER:						
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:						
(Name of contact person)						
BABITA JHA SETHI, MD, PA (Firm/Company)						
5210 NW 109th LANE						
CORAL SPRINGS, FL 33076 (City/state and zip code)						
For further information concerning this matter, please call:						
(Name of contact person) at (305) 778 -3032 (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						

4 SEP 27 PM 3: 09

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

statement of cha	nge is submitted for a corporation organi	ized under the laws of the State of Florida  red agent, or both, in the State of Florida.			
1. The name of t	the corporation: Babita Jha Sethi, MD, P office address: 5210 NW 109th Lane, C	toral Springs, FL 33076			
2. The principal	office address.				
3. The mailing a	uddress (if different): 5210 NW 109th Lan	e, Coral Springs, FL 33076			
4. Date of incorp	poration/qualification: 08/09/2001	Document number: P01000078368			
	d street address of the current registered age trment of State:	ent and registered office on file with the			
	Babita J. Sethi				
	19111 Collins Avenue, Suite 1703				
	Sunny Isles, FL 33160	P 27 PARS			
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office			
	Babita J. Sethi	ORDO			
	5210 NW 109th Lane, Coral Springs, F	L 33076			
	(P.O. Box NOT acceptable)	<del> </del>			
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,			
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.			
B	Lite of an office or director)	Babita J. Sethi			
` •	•	d agree to act in this capacity tes relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the			
<u> </u>	alth I lith	09/17/2004			
	gnature of Regisfer at Agent)	(Date)			
It signing on be	half of an entity:				
	Typed or Printed Name)				

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