## 2000033276

Office Use Only



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06/16/08--01008--018 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BENEDICT S. MANISCALCO, M.D., P.A. (Name of Corporation)
DOCUMENT NUMBER: PO 2000 33276
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:
FRANK J. GRECO (Name of Contact Person)
FRANK J. GRECO PA (Firm/Company)
708 SOUTH CHURCH AVE. (Address)
TAMPA FLORIDA 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
FRANK J. GRECO at (813) 287-0550, (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street 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

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 FLOKIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BENEDICT S. MANISCACO, M.D., P.A.
2. The principal office address: 4730 N. HABANA AVENUE
SUITE 201, TAMPA, FL 33614
3. The mailing address (if different): 2810 W. ST. ISABEL, #201
TAMPA, FL 33607
4. Date of incorporation/qualification: 3/26/2002 Document number: PO 200033276
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
FRANK J. GRECO PA
4047 HENDERSON BLVD
TAMPA, FL 33629 # 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
FRANK J. GRECO PA.
708 SOUTH CHURCH AVENUE (P.O. BOX NOT acceptable)
TAMPA FLORIDA 33609
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)  (Printed or typed name and title)  I hereby accept the appointment as registered agent and agree to act in this appoint.
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) 5/23/08 (Date)
If signing on behalf of an entity:
a signing on ochan or an entry.
(Typed or Printed Name)

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