

P03000145509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

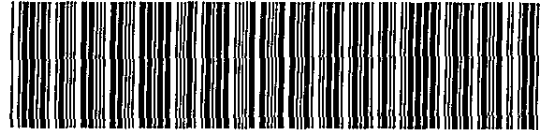
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALAN R. LUSTIG MD, P.A.

(Name of corporation)

**DOCUMENT NUMBER:** P03000145509

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:

ALAN R. LUSTIG MD

(Name of person)

ALAN R. LUSTIG MD, P.A.

(Name of firm/company)

8643 BURNING TREE CIRCLE

(Address)

SEMINOLE, FL 33777-4602

(City/state and zip code)

For further information concerning this matter, please call:

ALAN R. LUSTIG MD

(Name of person)

at ( 727 ) 398-6289

(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: ALAN R. LUSTIG MD, P.A.
2. The principal office address: 1201 FIFTH AVENUE NORTH, SUITE 302  
ST.PETERSBURG, FL 33705
3. The mailing address (if different): 8643 BURNING TREE CIRCLE  
SEMINOLE FL 33777-4602
4. Date of incorporation/qualification: JANUARY1,2004 Document number: P03000145509
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SPIEGEL&UTRERA, P.A> 4TH FLOOR

1840 SW 22 STREET

MIAMI, FL 33145

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

ALAN R. LUSTIG MD

8643 BURNING TREE CIRCLE

(P.O. Box or personal mailbox NOT acceptable)

SEMINOLE, FL 33777-4602

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)

ALAN R.LUSTIG 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.*

  
(Signature of Registered Agent)

JUNE 7, 2004

(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

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