P04000022024

(Requ	iestor's Name)	
(Addr	ess)	
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(City/S	State/Zip/Phone	→ #)
PICK-UP	TIAW	MAIL
(Busir	ness Entity Nam	ne)
(Ооси	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: D & H Institute, P.A. (Name of Corporation	n)		
DOCUMENT NUMBER: P04000022024			
The enclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the following			
Maria D. Sariol, Esg.			
(Name of Contact Person)			
Law Office of Maria D. Sariol (Firm/Company)			
2199 Ponce de Leon Boulevard, Suite 3 (Address)	301		
Coral Gables, FL 33134 (City/State and Zip Co	de)		
For further information concerning this matter, please call:			
Maria D. Sariol, Esq. at (30 (A	75 y 445-7577 rea 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

$_{\star}$. 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: D & H Institute, P.A.
2. The principal office address: 21150 Biscayne Boulevard, Suite 200, Aventura, FL 33180
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/30/2004 Document number: P04000022024
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Donna Brovender
21150 Biscayne Boulevard, Suite 200
Aventura, FL 33180
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Maria D. Sariol, Esq.
2199 Ponce de Leon Boulevard, Suite 301
(P.O. Box NOT acceptable) Coral Gables, FL 33134
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.
Laura E. Reinertson, President
(Signature of an officer or offic
Marin. Grad 4/24/06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)