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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561) 844-3600
Fax Number : (561) 842-4104

Attn: L. Lincoln

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

**REGISTERED AGENT CHANGE
VEIN SPECIALISTS, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OCT 22 2013 1:00

T. LEMIEUX

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: VEIN SPECIALISTS, P.A.
2. The principal office address: 6155 CORPORATE WAY, UNIT A
JUPITER, FL 33458
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/9/2004 Document number: P04000104487
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LESLEY HOGAN, ESQ.

C/O AKERMAN

125 WORTH AVE. STE 330, PALM BEACH, FL 33480

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

DOUGLAS LAMBERT C/O COHEN, NDRRIS

712 U.S. HIGHWAY ONE, STE 400

P.O. Box NOT acceptable

NO. PALM BEACH, FL 33408

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.

X 
Signature of an officer or director

STEVEN M. TIDWELL, M.D., 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

October 22, 2013
Date

If signing on behalf of an entity:

Douglas Lambert
Typed or Printed Name

*** 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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