Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Emmil	Address:		
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## REGISTERED AGENT CHANGE DR. BERNSTEIN CLINICS TAMPA INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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## 4. es

## **COVER LETTER**

TO:	Amendme Division o	nt Section f Corporations		
SUBJ	ECT:	Dr. Bernstein Clinic	s Tampa Inc.	
		Name of C	Corporation	·
DOC	UMENT NU	MBER: P0	5000070954	
		ment of Change of Registered Offic	æ/Agent and fee are si	shmitted for filing
		orrespondence concerning this matte		ionicio di ming.
		Y	Duis	
			Reitan ntact Person	<del></del>
		Name of Co	enact Person	
		Dr. Bernstein Cl	inics Tampa Inc.	
		Firm/C	ompany	
		21 Ke	rn Rd.	
			iress	
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		•	anada M3B 1S9	
		City/State a	nd Zip Code	······································
		jim@drbo	lict.com	
		E-mail address: (to be used for t	uture annual report	notification)
For fu	rther inform	ation concerning this matter, please	call:	
		Jim Reitan	at ( 416 )	447-3438 ext 228
	Na	ne of Contact Person	Area Code & I	Daytime Telephone Number
Enclo	sed is a \$35.0	00 check made payable to the Depar	tment of State.	
		Mailing Address: Amendment Section	Street Add Amendme	nt Section
		Division of Corporations P.O. Box 6327		f Corporations
		Tallahassee, FL 32314	Clifton Bu	niding outive Cepter Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Florida S d under the laws of the State of <u>F</u> d agent, or both, in the State of F	lorida
	he corporation: Dr. Berns		•	55N 149(4),
	office address: 10035 Ac			
3. The mailing a	ddress (if different); 21 k	Cern Rd., Toronto, O	N Canada M3b 189	
4. Date of incorp	oration/qualification;	May 13, 2005	Document number:	P05000070954
	street address of the cur iment of State: (If resign		nt and registered office on file wit	th the
•	Darin, Stewart, J			
	301 E.Pine Street, Suite	1400		-
	Orlando, FL 32801 US			
6. The name and (if changed):	street address of the ne	w registered agent (	if changed) and /or registered off	AUG 13 CAHAS LAHAS
	C T Corporation System			
	c/o C T Corporation Sys	tem, 1200 South Pin	e Island Road	
		P.O. Box NOT a	poeptable	
	Plantation, Florida 3332	4		_
The street address changed will	ess of its registered office	ce and the street ac	ldress of the business office of i	ts registered agent,
_		tion duly adopted h	by its board of directors or by artifed in writing of the change.	officer so
Almer	DR-5	<del></del>	James O. Reitan, CFO/	
Signali	re of an officer of director		Printed or typed name and	ine
Thothan acuse	to cominty with the prof	NEIDHD AT ALL START	agree to act in this capacity. es relative to the proper and co ation of my position as registere registered office address, I here	mplete performance ed agent. Or, if this by confirm that the
By DA	Corporation System  Institute of Represent Asp 200	Diaz	8/12/2010.	
If signing on b	Assista	ant Sécretary	•	
	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
CR2E045 (8/85)