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SECRETARY OF STATE
AFT AHASSEE, FLORIDA

07/05/06--01015--004 **35.00

COVER LETTER

Division of Corporations						
SUBJECT: Ella Remenson, MD, PA (Name of Corporation)						
(Name of Corporati	on)					
DOCUMENT NUMBER: P05000 // 20	66					
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.					
Please return all correspondence concerning this matter to the f	ollowing:					
Ella Remenson, MD, PA						
(Name of Contact Person)						
`	,					
3070 Canterbury Drive						
(Firm/Company)	<u> </u>					
(Address)						
,						
Boca Raton, FL 33434	·					
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Ella Remenson, MD, PA	561 742-2324					
(Name of Contact Person)	742-2324 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	Division of Corporations Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
1 ananassee, 1 L 32314	Tallahassee, FL 32301					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitte	ctions 607.0502, 617.050 d for a corporation organ registered office or regist	nized under	the laws of the	State of		
1. The name of t	he corporation:	Ella Remenson, MD, P.A	١				
	office address: ach, FL 3343	10301 Hagen Ranch Ro 7	ad, suite D	-5	·		
3. The mailing a	ddress (if differ	ent): 3070 Canterbury [Orive, Boca	Raton, FL 33	434	<u></u>	
4. Date of incorp	ooration/qualifi	cation: 08/11/05	Doc	ıment number: _	P0500	00112066	
	I street address tment of State:	of the current registered a	agent and re	egistered office of	on file with the	06 .	
	CorpDirect				<u></u>	T =	
	p.o.box 384	113 515 East Park A	Avenue		ARY SSE	راد الله الله الله الله الله الله الله ال	
	Tallahassee	e, FL 32315		_	C 07		
6. The name and (if changed):	l street address	of the new registered age	nt (if chang	ed) and /or regis	stered of Be	D	
	Ella Remei	nson, MD, PA					
	3070 Cante	erbury Drive	···		·		
,	Воса	(P.O. Box NOT acceptable		3343	4		
The street address changed will	ess of its regist be identical.	ered office and the street	t address of	f the business of	ffice of its regi	istered agent,	
Such change was authorized by the	as authorized b	y resolution duly adopte corporation has been no	ed by its bootified in w	ard of directors riting of the ch	or by an officange.	er so	
(Signati	ure of an officer or d	irector)		Ella (Printed or type	Remens d name and title)	son, presid	lean
I hereby accept I further agree of my duties, an document is bei corporation has	the appointme to comply with ad I am familia ng filed merely s been notified	nt as registered agent at the provisions of all sta r with and accept the ob to reflect a change in th in writing of this change	nd agree to tutes relati ligation of he register e.	act in this cape ve to the proper my position as ed office addres	acity. r and complete registered age ss, I hereby con	e performance ent. Or, if this nfirm that the	
(Si	gnature of Registere	d Agent)		(Dai	6/27/06	-	
If signing on be	half of an enti	y:					
Ell	a Ren	neuson					

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

(Typed or Printed Name)