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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MELISSA S. SINGER, M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P05000155529

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:

MELISSA S. SINGER, M.D.

Name of Contact Person

MELISSA S. SINGER, M.D., P.A.

Firm/Company

12957 PALMS WEST DRIVE, STE 103

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

msinger@pbpho.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA S. SINGER, M.D. at (561) 714-7879

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2018

MELISSA S SINGER, M.D.
12957 PALM S W DR STE 103
LOXAHATCHEE, FL 33470

SUBJECT: MELISSA S. SINGER, M.D., P.A.
Ref. Number: P05000155529

We have received your document for MELISSA S. SINGER, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 318A00007777

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18 MAY -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: MELISSA S. SINGER, M.D., P.A.
2. The principal office address: 12957 PALMS WEST DRIVE, STE 103
LOXAHATCHEE, FL 33470
3. The mailing address (if different): _____
4. Date of incorporation/qualification: November 23, 2005 Document number: P05000155529

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)

COHEN, JEFFREY L

54 NE FOURTH AVE

DELRAY BEACH, FL 33483

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

MELISSA S. SINGER, M.D

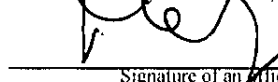
12957 PALMS WEST DRIVE, STE 103

P.O. Box NOT acceptable

LOXAHATCHEE, FL 33470

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.

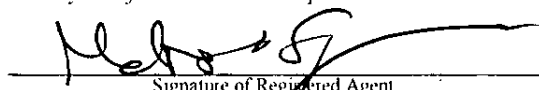


Signature of an officer or director

MELISSA S. SINGER, M.D (Officer/Director)

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

April 10, 2018

Date

If signing on behalf of an entity:

MELISSA S. SINGER, M.D

Typed or Printed Name

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