

P05000164226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

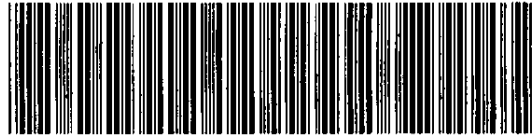
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LA. Chong
C.COULLIETTE

DEC 30 2009

EXAMINER



401 CITY AVENUE, SUITE 220, BALA CYNWYD, PA 19004-1188, 610.617.2600, WWW.SIG.COM
BALA CYNWYD BOSTON CHICAGO DUBLIN LOS ANGELES NEW YORK PHILADELPHIA SAN FRANCISCO SHANGHAI STAMFORD SYDNEY



December 22, 2009

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

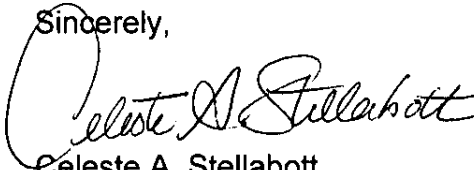
RE: MD Private Equity, Inc.

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office, along with the required filing fee in the amount of \$35.00 for the above referenced entity.

If you should have any questions, please feel free to contact me.

Sincerely,


Celeste A. Stellabott
Legal Department

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MD Private Equity, Inc.
Name of Corporation

DOCUMENT NUMBER: P050006164226

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:

Celeste A. Stellabott
Name of Contact Person

Susquehanna International Group, LLP
Firm/Company

401 City Avenue, Suite 220
Address

Bala Cynwyd, PA 19004
City/State and Zip Code

celeste.stellabott@sig.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celeste A. Stellabott at (484) 562-1255
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

**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: MD Private Equity, Inc.
2. The principal office address: 1515 N. Federal Highway, Suite 300, Office #29
Boca Raton, FL 33432
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/16/2005 Document number: P05000164226
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)

Autumn Nesbeth, c/o SIG

1515 N. Federal Highway, Suite 300, Office #29

Boca Raton, FL 33432

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

555 South Federal Highway, Suite 400

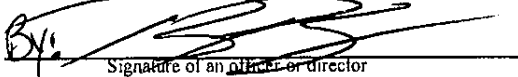
P.O. Box NOT acceptable

Boca Raton, FL 33432

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

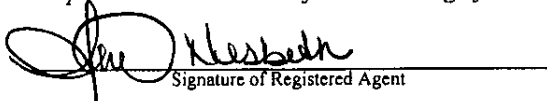
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

By: 
Signature of an officer or director

Brian Sullivan, Treasurer
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

12/14/09
Date

If signing on behalf of an entity:

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 (8/05)