P000000593/4

(F	Requestor's Name)
(A	ddress)
(A	Address)
•	
<u> </u>	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
, (E	Business Entity Name)
· (E	Occument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
-	
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Office Use Only



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SECRETABY OF STATE TALLAHASSEE FLERIED

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COVER LETTER

SUBJECT:	SJH Associates of Pembroke Pines, P.A. Name of Corporation
DOCUMENT NUM	MBER:P06000059314
The enclosed Statem	ent of Change of Registered Office/Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
~, .	Syed J. Hashmi
	Name of Contact Person
-	SJH Associates of Pembroke Pines, P.A. Firm/Company
-	9050 Pines Boulevard, Suite 380
	Address
, <u> </u>	Pembroke Pines, Florida 33024 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
	Mark S. Feluren at (954) 453-8000
Nam	e of Contact Person Area Code & Daytime Telephone Number

Street Address: Amendment Section

Clifton Building

Tallahassee, FL 32301

Division of Corporations

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

TO:

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in ord	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SJH Associates of Pembroke Pines, PA.
2. The principal	l office address: 9050 Pines Boulevard, Suite 380
Pembroke	Pines, Florida 33024
3. The mailing	address (if different):
4. Date of incor	rporation/qualification: 4/26/2006 Document number: P06000059314
	d street address of the current registered agent and registered office on file with the
•	Mark S. Feluren
	2200 N. Commerce Parkway, Suite 202
••	Weston, Florida 33326
.6. The name an (if changed):	200 East Broward Boulevard, Suite 1110
•	200 East Broward Boulevard, Suite 1110
	P.O. Box NOT acceptable Fort Lauderdale, Florida 33301
The street addr	ress of its registered office and the street address of the business office of its registered agency
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Signat	ure of an officer or director Syed J. Hashmi, Director Printed or typed name and title
I hereby accep I further agree of my duties, a document is be corporation ho	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this period in the registered office address, I hereby confirm that the cas been notified in writing of this change. 6/22/10
Si	ignature of Registered Agent Date
If signing on b	pehalf of an entity:
	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILING FEE: \$35.00 * * *