

P18000076870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received 10/12/21
Mrs. Darlene took
the call about a
Registered Agent
Change - A. Butler.

Office Use Only



800372932738

03/13/21--01015--024 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: David Steinberg M.D. P.A.
Name of Corporation

DOCUMENT NUMBER: P18000076870

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:

David Steinberg
Name of Contact Person
David Steinberg M.D. P.A.
Firm/Company
6810 N. State Rd.7
Address
Coconut Creek, FL 33073
City/State and Zip Code

dsteinymd@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Steinberg at (213) 804-2440
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: David Steinberg M.D. P.A.
2. The principal office address: 6810 N. State Rd. 7
Coconut Creek, FL 33073
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/12/2018 Document number: P18000076870
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)

Registered Agents INC

7901 4th St. North Suite 300

St. Petersburg, FL 33702

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

David Steinberg MD- Elite Office Suites

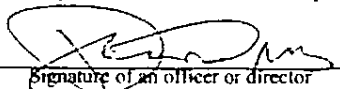
State
6810 N. State Rd. 7

P.O. Box NOT acceptable

Coconut Creek, FL 33073

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.

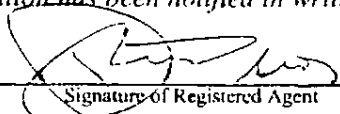


Signature of an officer or director

David Steinberg- Owner

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

09-08-2021

Date

If signing on behalf of an entity:

David Steinberg

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 (04/13)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2021

DAVID STEINBERG
DAVID STEINBERG M.D. P.A.
6810 N. STATE RD. 7
COCONUT CREEK, FL 33073 US

SUBJECT: DAVID STEINBERG M.D. P.A.
Ref. Number: P18000076870

We have received your document for DAVID STEINBERG 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):

YOUR ENTITY IS NOT LISTED ON OUR RECORDS AS THIS REGISTERED AGENT.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 021A00023106