


FILED
Mar 27, 2008 8:00 am
Secretary of State

50002011

DOCUMENT # P95000013846

1. Entity Name
ALBERT ING, M.D., P.A.



Principal Place of Business
201 S BISCAYNE BLVD
#2000
MIAMI, FL 33131 US

Mailing Address
201 S BISCAYNE BLVD
#2000
MIAMI, FL 33131 US

2. Principal Place of Business - No P.O. Box #
200 S. Biscayne Blvd.
Suite, Apt. #, etc.
Suite 3900
City & State

3. Mailing Address
200 S. Biscayne Blvd.
Suite, Apt. #, etc.
Suite 3900
City & State

ZipCountry
Country

ZipCountry

6. Name and Address of Current Registered Agent
AUERBACH, MARC H
201 S BISCAYNE BLVD
#2000
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd, # 3900
CityFLZip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: [Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLENAMESTREET ADDRESSCITY-ST-ZIP
DPST
ING., ALBERT M.D.
8841 SW 103 ST.
MIAMI, FL 33176
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLENAMESTREET ADDRESSCITY-ST-ZIP
ChangeAddition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ALBERT ING
Signature and typed or printed name of signing officer or director

2/23/08 3057029222
L Date (Daytime Phone)