

P90000001777

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2005 OCT 17 PM 12:31  
ALLAHOSEE FLORIDA STATE

10/21/05

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

2005 OCT 17 PM 12:31

**SUBJECT:** LIGHTHOUSE ORTHOPAEDIC ASSOCIATES, P.A.  
(Name of corporation)

STATE  
TALLAHASSEE FLORIDA

**DOCUMENT NUMBER:** P96000001777

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:

Donald B. Medalie, Esquire  
(Name of contact person)

DONALD B. MEDALIE, P.A.  
(Firm/Company)

800 East Broward Boulevard, Suite 302  
(Address)

Fort Lauderdale, FL 33301  
(City/state and zip code)

For further information concerning this matter, please call:

Donald B. Medalie, Esquire at ( 954 ) 522-5303  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: LIGHTHOUSE ORTHOPAEDIC ASSOCIATES, P.A.
2. The principal office address: 9970 Central Park Blvd., South, Suite 400, Boca Raton, FL 33428
3. The mailing address (if different): 1821 NE 25th Street, Lighthouse Point, FL 33064
4. Date of incorporation/qualification: 01/05/1996 Document number: P96000001777
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Donald B. Medalie

1401 East Broward Boulevard, Suite 206

Fort Lauderdale, FL 33301-2116

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

800 East Broward Boulevard, Suite 302

(P.O. Box NOT acceptable)

Fort Lauderdale, FL 33301

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.

Thomas J. Goberville  
(Signature of an officer or director)

Thomas J. Goberville, M.D.

(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.*

Donald B. Medalie  
(Signature of Registered Agent)

10-12-08  
(Date)

If signing on behalf of an entity:

Donald B. Medalie

(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

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