

P96000054059

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southeast Florida Hematology - Oncology Group, PA  
Name of Corporation

**DOCUMENT NUMBER:** P96000054059

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:

LaNeil Kommatas

Name of Contact Person

Southeast Florida Hematology - Oncology Group, PA  
Firm/Company

5700 N. Federal Hwy, #5  
Address

Ft. Lauderdale, FL 33308  
City/State and Zip Code

LKom@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaNeil Kommatas at (954) 776-1800  
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: Southeast Florida Hematology-Oncology Group, PA  
2. The principal office address: 5700 N. Federal Hwy, #5  
Ft. Lauderdale, FL 33308  
3. The mailing address (if different): (Same as above)  
4. Date of incorporation/qualification: 6/25/1996 Document number: P96000054059

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)

Theodore Zaravinos, MD - Resigned

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

Douglas E. Faig, MD  
5700 N. Federal Hwy, #5  
Ft. Lauderdale, FL 33308

P.O. Box NOT acceptable

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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.

Dys Faig  
Signature of an officer or director

Douglas E. Faig, MD.  
Printed or typed name and title  
President

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.

Dys Faig  
Signature of Registered Agent

11-20-2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*