P9700003577

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bi	usiness Entity Nam	ne)			
(S.	Joinedo Erioty Hair	,			
	ocument Number)				
(DC	ocument Number)				
		,			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				

Office Use Only



200143354992

02/13/09--01009--020 **35.00

FILED

09 FEB 13 AN II: 02

SECRETARY OF STATE
ALLAHASSEE, FLORID

of of livery

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Gary D. Small, D.P.M., P.A. (Name of Co	orporation)						
DOCUMENT NUMBER: P97000003577							
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:						
Gary D (Name of Con	O. Small						
(Name of Con	nact rerson)						
Gary D. Small, D.P.M., P.A. (Firm/Company)							
(Firm/Co	mpany)						
3850 Bird F	Rd Suite 601						
(Address)							
Miami, FL 33146							
(City/State and Zip Code)							
For further information concerning this matter, please ca	all:						
Gary D. Small	at (305) 444-7114						
(Name of Contact Person)	at (305) 444-7114 (Area Code & Daytime Telephone Number)						
Enclosed is a \$35.00 check made payable to the Departr	ment of State.						
Mailing Address:	Street Address:						
Amendment Section	Amendment Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502 ange is submitted for a corporati er to change its registered office	ion organized	under the laws	of the State of	Florida	
1. The name of t	the corporation: Gary D. Sm	all, D.P.M.,	P.A.			
2. The principal	office address: 3850 Bird Ro	<u>d Suite 601</u>		······································		
<u>Miami, FL</u>	33146					
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·				
4. Date of incorp	poration/qualification: 01/13/2	2007	_ Document nu	mber: <u>P970(</u>	00003577	
	d street address of the current re- rtment of State: (If resigned, ento		and registered	office on file w	vith the	
	Gary Small DPM				•—	
	2121 Ponce De Leon Bl	vd Suite 12	00	ALLA	09 FE	
	Coral Gables, FL 33146			HAS:	B 7	- (Å) - (4) - (4)
6. The name and (if changed):	d street address of the new regist	tered agent (if	changed) and /	or registered o	AHIED AHIE	
	Gary Small DPM			_	<u> </u>	::
	3850 Bird Rd Suite 601			÷ .,	, · .	
	(P.O. Box NO	T acceptable)				
	Miami, FL 33146	-				
The street address changed will	ess of its registered office and to be identical.	the street add	ress of the busi	ness office of	its registered ag	ent,
Such change was authorized by the	as authorized by resolution dy he board, or the corporation ha	y adopted by s been notifie	its board of died in writing of	rectors or by a the change.	an officer so	
XM	ure of an officer of director)		Cary S	mall d or typed name an	Director	
X Hav	the appointment as registered to comply with the provisions of I amfamiliar with and acceping filedimerely to reflect a chast been adtified in writing of this grature of Begistered Agent) Chalf of an entity:	agent and ag of all statutes of the obligat inge in the re is change.	gree to act in the relative to the ion of my posit gistered office	nis capacity. proper and co ion as register address, I her 23/09 (Datc)	omplete perform red agent. Or, ij eby confirm that	ance this the
	Гуреd or Printed Name)					

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