EDWARD C. GELBER, M.D. JANIS DZELZKALNS, M.D. 619 N.W. 12th Ave. Miami, Florida 33136

City/State/Zip

Phone #

*****35.00 *****35.00

Examiner's Initials

| MENT NUMBER(S), (if known): |
|--|
| (Document #) |
| P. Company |
| (Document #) |
| (Document #) |
| (Document #) |
| Certified Copy |
| ☐ Photocopy ☐ Certificate of Status |
| <u>AMENDMENTS</u> |
| □ Amendment □ Resignation of R.A., Officer/Director □ Change of Registered Agent □ Dissolution/Withdrawal □ Merger |
| REGISTRATION/QUALIFICATION |
| ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ GAChg, |
| |

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, the |
|--|
| undersigned corporation organized under the laws of the State of |
| submits the following statement in order to change its registered office or registered agent, or both, in the |
| State of Florida. |
| 1. The name of the corporation: LASER (OSMETIC (ENTERS) /WC |
| , |
| 2. The mailing address of the corporation: 619 N VV 12 AVE |
| MIAMI, FL 33136 |
| 3. Date of incorporation/qualification: $\frac{5/12/97}{12}$ Document number: $\frac{9700864255}{125}$ |
| 4. The name and address of the current registered agent and registered office: |
| LOURDES AGULERA |
| 619 NW 12 AVE |
| MIAMI, FZ 33136 |
| 5. The name and address of the new registered agent (if changed) and /or registered office (if changed): |
| Monica Orenstein |
| 619 NW 12 AVE |
| |
| Miami, FL 33136 |
| 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. |
| munorized by the board. |
| (Signature of an officet, chairman or vice chairman of the board) (Date) |
| , (, |
| EDWARD GELBER, PRES. |
| (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. 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 |
| egistered agent. |
| Horica Creasteir 2/1/00 |
| (Signature of Registered Agent) (Date) |
| f signing on behalf of an entity: |
| MONICA ORENSTEIN ADMINISTRATOR |
| (Typed or Printed Name) (Capacity) |
| • |

CR2E045(8/99)

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