P98000021975

ì	(Re	questo	r's Name	2)		
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DD/RES. Og 4.18.04

Office Use Only

COVER LETTER

TO: Amend Division	dment Section on of Corporations	
SUBJECT: S	teinhart Health Quest, P.A. (Name of Corpo	pration)
DOCUMENT	NUMBER: P98000021975	
1	Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to	the following:
1	•	
•	Joseph A. Porrello	
	(Name of Contac	t Person)
) 		
:	Joseph A. Porrello, P.A. (Firm/Comp.	any)
8 8	(1 mil comp.	,
	P.O. Box 450249	
	(Address	
,		
	Miami, Florida 33245	
; ;	(City/State and Z	ip Code)
For further infe	ormation concerning this matter, please call:	
Joe Porrello	я	t (305) 374-0092
i	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$	335.00 check made payable to the Departmen	nt of State
	solve one made payable to the population	NOI build.
}	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
;	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
į	- management of a manage of	Tallahaccea El 22201

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Corklin R. Steinhart	, hereby resign as Director and President
14	(Title)
of Steinhart Health Quest, P.A.	
(Name of Cor	poration)
P98000021975	orporation organized under the laws of the State of
(Document Number, if known)	
Florida	and the second s
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7/-11

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314