P99000028509

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PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	;
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(11/19/03

CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

November 13, 2003

DIVISION OF CORPORATIONS POST OFFICE BOX 6327 TALLAHASSEE, FL 32314

Re: Registered Agent Statement of Change
MARCOS SZOMSTEIN, M.D., P.A.
THE FLATS AT ROSEMARY BEACH CONDOMINIUM ASSOCATION, INC.
HISPANIC SERVICES CORPORATION

Gentlemen:

Enclosed please find Statements of Change of Registered Agent for Marcos Szomstein, M.D., P.A., The Flats at Rosemary Beach Condominium Assocation, Inc., and Hispanic Services Corporation.

Also enclosed is our firm Check No. 329050 in the amount of \$35.00 and firm Check No. 329051 in the amount of \$70.00 for the payment of the filing fees in connection with the above-described Statements of Change.

Very truly yours,

Joffce F./Bentubo

Administrative Assistant

ifb:tam Enclosures

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. /508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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: MARCOS SZOMSTEIN, M.D., P.A.
2.	The mailing address of the corporation: 8720 NORTH KENDALL DRIVE, SUITE 108 MIAMI, FL 33176
3.	Date of incorporation/qualification: 03/29/1999 Document number: P99000028509
4.	The name and address of the current registered agent and office: COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE 19 TH FLOOR MIAMI, FL 33133
5.	The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD, 5 TH FLOOR TAMPA, FL 33602-5730 street address of its registered office and the street address of the business office of its registered
age: Suc	th change was authorized by resolution duly adopted by its board of directors or by an officer for norized by the board.
(;	Signature of an officer, chairman or vice chairman of the board) (Date) (Printed or typed name and title)
Hav acce prov acce	ting been named as registered agent and to accept service of process for the above stated corporation, I hereby expt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and comp [etc performance of my duties, and I am familiar with and expt the obligation of my position as registered agent. (Gignature of Registered Agent) (Date)
If si	igning on behalf of an entity: PETER J. WINDERS VICE PRESIDENT (Typed or Printed Name) (Capacity)

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