

Plastic Surgery Associates of Fort Lauderdale



Laurence I. Arnold, M.D., F.A.C.S.

Aesthetic and Reconstructive Surgery

*Board Certified Diplomate of the
American Board of Plastic Surgery*

S33149

May 22, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

000003285680--8
-06/12/00-01132-004
*****35.00 *****35.00

RE: Change of address:

Laurence I. Arnold, MD, PA - S33149

Plastic Surgery Associates of Ft. Lauderdale - G99174900199

To Whom It May Concern:

By way of this letter and on behalf of Laurence I. Arnold, MD, PA, and Plastic Surgery Associates of Ft. Lauderdale, we are officially notifying you of our change of address effective immediately.

Our old address was 7710 NW 71 CT, Suite 206, Tamarac, FL 33321.

Our new address is 5353 N Federal Highway, Suite 301, Ft. Lauderdale, FL 33308.

Also, please note that EMO Corporate Services, Inc. is no longer serving as registered agent of Laurence I. Arnold, MD, PA. Please forward any and all future correspondence to us directly.

Please update your records and forward a confirmation print-out reflecting the changes.

Sincerely,

Michele DeVos

Michele DeVos
Office Manager
/md

RA change
T. LEWIS JUN 26 2000

5353 N. Federal Highway, Suite 301, Fort Lauderdale, Florida 33308
(954) 351-7737 • Fax (954) 351-7738 • www.mydoctor.com/cosmeticsurg

Member



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 19, 2000

MICHELE DAVIS, OFFICE MANAGER
LAURENCE I. ARNOLD, M.D., F.A.C.S.
5353 N. FEDERAL HIGHWAY, SUITE 301
FORT LAUDERDALE, FL 33308

SUBJECT: LAURENCE I. ARNOLD, M.D., P.A.
Ref. Number: S33149

We have received your document for LAURENCE I. ARNOLD, M.D., P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If the fictitious name is to be the new registered agent, please list the complete name in block #5 as shown by the records of this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 400A00034627

RECEIVED
00 JUN 26 AM 8:03
DIVISION OF CORPORATIONS

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 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 : Laurence I. Arnold, M.D., P.A.

2. The mailing address of the corporation : 5353 N Federal Hwy., Suite 301, Ft. Lauderdale, FL 33308

3. Date of incorporation/qualification: 2/19/91 Document number: 533149

4. The name and address of the current registered agent and registered office:

EMO Corporate Services, Inc.
100 NE 3rd Ave, Suite 1100
Ft. Lauderdale, FL 33301

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

PLASTIC SURGERY ASSOCIATES OF FT. LAUDERDALE
Laurence I. Arnold, MD, FACS
5353 N Federal Hwy., Ste. 301
Ft. Lauderdale, FL 33308

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

6/5/00
(Date)

Laurence I. Arnold, MD, PA, President.
(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. 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.

[Signature]
(Signature of Registered Agent)

6/21/00
(Date)

If signing on behalf of an entity:

Laurence I Arnold MD
(Typed or Printed Name)

Pres
(Capacity)

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