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(City/State/Zip/Phone #)		
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Steven H. Feit, D.M.D., P.A. (Name of Corp	poration) +			
DOC	ument number: V73135				
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:					
	Steven H. Feit (Name of Contact Person)				
	(Name of Conta	et i cison)			
Steven H. Feit D.M.D. P.A					
Steven H. Feit, D.M.D., P.A. (Firm/Company)					
	3215 NW 63rd Street				
	(Addres	5)			
	Poor Potor	EL 22406			
	Boca Raton, FL 33496 (City/State and Zip Code)				
For fu	rther information concerning this matter, please call	:			
	Steven H. Feit (Name of Contact Person)	at (
Enclos	sed is a \$35.00 check made payable to the Departme	ent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

TO:

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

		.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of	
	-	gistered agent, or both, in the State of I	· · ·
1. The name of	the corporation: Steven H. Feit, I	D.M.D., P.A.	
2. The principal	office address: 240 West Palme	tto Park Road, Suite 220, Boca	Raton, FL 33432
	·		
3. The mailing a	address (if different): 3215 NW 63	rd Street, Boca Raton, FL 3349	96
4. Date of incor	poration/qualification:	Document number: V7313	35
	d street address of the current register rtment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	rith the
	Steven H. Feit		
	7000 W Camino Real, Suite	130	
	Boca Raton, FL 33433		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Steven H. Feit		2: 2:
	3215 NW 63rd Street (P.O. Box NOT accept	vokla)	_
	Boca Raton, FL 33496	nauto)	
The street addr		reet address of the business office of	its registered agent,
Such change wauthorized by t	as authorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by as notified in writing of the change.	n officer so
(Signat	Yeur fut ture of an officer or director)	Steven 14 (Printed or typed name and	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change i is been notified in writing of this cha	statutes relative to the proper and co obligation of my position as register in the registered office address, I here inge.	
(S	ignature of Registered Agent)	/// 5/o	8
If signing on bo	ehalf of an entity:		
	Steven 4 FEIT		
1	Typed or Printed Name)		

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