

P03000152673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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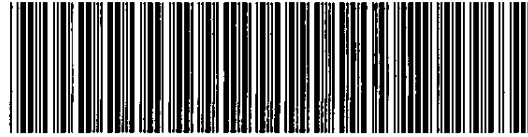
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TO: Amendment Section
Division of Corporations

SUBJECT: Theresa L. Headley, PA
Name of Corporation

DOCUMENT NUMBER: P03000152673

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:

Kevin C. Reid
Name of Contact Person

K. Reid, CPA, Inc.
Firm/Company

3890 Turtle Creek Dr., Ste B
Address

Port Orange, FL 32127
City/State and Zip Code

pmoniz@kreid-cpa.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Reid at (386) 788-6057
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

CR2E045 (8/05)