

P10000031363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

6-17-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2011

MOUNIKA FALEMBAN
KIDZONE DENTAL CARE, PA
5353 FANNIN ST #1308
HOUSTON, TX 77004

SUBJECT: KIDZONE DENTAL CARE, P.A.
Ref. Number: P10000031363

We have received your document for KIDZONE DENTAL CARE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 011A00013280

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: c/o Tina Roberts, Letter Number: 011A00013280
Name of Corporation

DOCUMENT NUMBER: P10000031363

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:

Mounika Falemban
Name of Contact Person

Kidzone Dental Care, P.A.
Firm/Company

2901 Folklore Dr.
Address

Valrico, FL 33596
City/State and Zip Code

dr.falemban@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mounika Falemban at (857) 928-5897
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

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Kidzone Dental Care, P.A.
- 2. The principal office address: 2901 Folklore Dr.
Valrico, FL 33596
- 3. The mailing address (if different): 2901 Folklore Dr., Valrico, FL 33596
- 4. Date of incorporation/qualification: April 12, 2010 Document number: P10000031363

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mounika Falemban

11117 Hoffner Edge Dr.

Riverview, FL 33579

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

Mounika Falemban

2901 Folklore Dr.

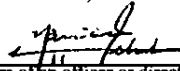
P.O. Box NOT acceptable

Valrico, FL 33596

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TALLAHASSEE, FLORIDA

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mounika Falemban
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

06/10/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314