

10/21/2005 10:51 FAX 407 23182

DEAN MEAD ORLANDO

Division of Corporations

Page 1 of 1

P96000001061

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

AFFILIATED VETERINARY SPECIALISTS, P.A.

Certificate of Status	0
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**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: Affiliated Veterinary Specialists, P.A.
2. The principal office address: 9905 S. Hwy. 17-92, Maitland, Florida 32751
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 12/27/1995 Document number: P95000001061
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jacek J. deHaan
9905 S. Hwy. 17-92
Maitland, Florida 32751

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

Dean Mead Services, LLC
800 N. Magnolia Avenue, Suite 1500
(P.O. Box NOT acceptable)
Orlando, Florida 32803

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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.

Jacek J. deHaan
(Signature of an officer or director)

Jacek J. deHaan, D.V.M., President
(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.

Robert W. Mead, Jr.
(Signature of Registered Agent)

October 20, 2005
(Date)

If signing on behalf of an entity: DEAN MEAD SERVICES, LLC

By: Dean, Mead, Egerton Bloodworth, Capouano & Bozarth, P.A.
Robert W. Mead, Jr., Vice President
(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
CR2E045 (8/05)