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DOCUMENT # P9900010856  1. Entity Name  JAMES ROBERT KOSYDAR, D.D.S., P.A.		FILED May 23, 2000 8:00 a Secretary of State
		Principal Place of Business
8740 GULF BLVD. St. Petersburg FL 33706	8740 GULF BLVD. St. Petersburg Fl. 33706-1427	
		A TRANSPORTE AND INTERNACIONAL REGILI REGILI REGILI PROVENZIA INTERNACIONAL REGILI REGILI REGILI REGILI
2. Principal Place of Business	3. Mailing Address	

Principal Place of Business 8740 GULF BLVD. ST. PETERSBURG FL 33706 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOSYDAR, JAMES ROBERT Street Address (P.O. Box Number is Not Acceptable) 8740 GULF BLVD ST. PETERSBURG FL 33706 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS / 19 Case ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) Change ☐ Addition TITLE TITLE Kos y Jan NAME NAME STREET ADDRESS STREET ADDRESS 8740 Gulf Blu CITY-ST-ZIP CITY-ST-ZIP 12706 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

TEO HAME OF SIGNING OFFICER OR DIRECTOR