

463316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

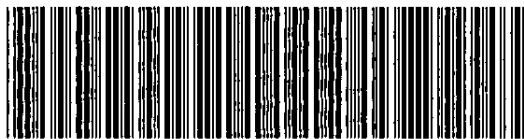
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change  
TLEWIS  
4-17-09

**ELLIOT P. BORKSON, P.A.**

1313 S. Andrews Avenue  
Fort Lauderdale, FL 33316  
Telephone: (954) 462-6360  
Facsimile: (954) 462-5225

April 13, 2009

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Teigland, Franklin & Brokken, D.V.M.'s, P.A. - Registered Agent

To Whom It May Concern:

Enclosed is a copy of your letter dated April 1, 2009 regarding a change of resident agent for the above-referenced corporation. I enclose the original form changing the resident agent that has now been signed by the president of the company and the new resident agent. Also enclosed is a check for \$10 which, together with the previous check for \$25, covers the \$35 filing fee.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Elliot Borkson", with a stylized, flowing script.

Elliot P. Borkson

EPB:cvf  
Enclosure



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2009

ELLIOT P. BORKSON, ESQ.  
ELLIOT P. BORKSON, P.A.  
1313 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316

SUBJECT: TEIGLAND, FRANKLIN & BROKKEN, D.V.M.'S, P.A.  
Ref. Number: 463316

We have received your document for TEIGLAND, FRANKLIN & BROKKEN, D.V.M.'S, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 209A00011048

RECEIVED  
2009 APR 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: TEIGLAND, FRANKLIN & BROKKEN, D.V.M.'S. P.A.
2. The principal office address: 12277 SW 55th Street, Suite 909  
Cooper City, FL 33330
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/08/1974 Document number: 463316
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)

Ira Marcus Esq  
1313 S. Andrews Avenue  
Fort Lauderdale, FL 33316

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

Elliot P. Borkson, Esq.  
1313 S. Andrews Avenue  
(P.O. Box NOT acceptable)  
Fort Lauderdale, FL 33316

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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]  
(Signature of an officer or director)

Scott A. Hay, DVM 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.

[Signature]  
(Signature of Registered Agent)

4/13/09  
(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  
CR2E045 (8/05)