

583674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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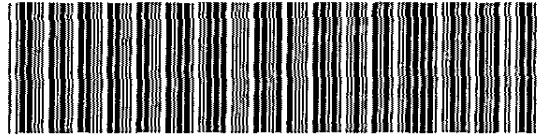
(Business Entity Name)

(Document Number)

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R A / change  
@ 10.18.04

## COVER LETTER

**TO:** *Amendment Section*  
Division of Corporations

**SUBJECT:** Hoffman and Moss, DDS, PA  
(Name of corporation)

**DOCUMENT NUMBER:** 583674

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:

Frank B. Moss, DDS  
(Name of contact person)

Hoffman and Moss, DDS, PA  
(Firm/Company)

8475 Seminole Blvd.  
(Address)

Seminole, Florida 33772  
(City/state and zip code)

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For further information concerning this matter, please call:

Frank B. Moss, DDS at ( 727 ) 393-6024  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 6, 2004

FRANK B. MOSS, DDS  
HOFFMAN AND MOSS, DDS, PA  
8475 SEMINOLE BLVD.  
SEMINOLE, FL 33772

SUBJECT: HOFFMAN AND MOSS, D.D.S., P.A.  
Ref. Number: 583674

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We have received your document for HOFFMAN AND MOSS, D.D.S., 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 document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 104A00058056

**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: Hoffman and Moss, DDS, PA
2. The principal office address: 8475 Seminole Blvd.  
Seminole, Florida 33772
3. The mailing address (if different): -- same --
4. Date of incorporation/qualification: 09/01/1978 Document number: 583674
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Hoffman, Laurence S.

8475 Seminole Blvd.

Seminole, Florida 33772

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

Frank B. Moss, DDS

8475 Seminole Blvd.

(P.O. Box NOT acceptable)

Seminole, Florida 33772

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.

Frank B. Moss DDS  
(Signature of an officer or director)

Frank B. Moss, DDS  
(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.

Frank B. Moss DDS  
(Signature of Registered Agent)

09/28/2004

(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

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