

K/2955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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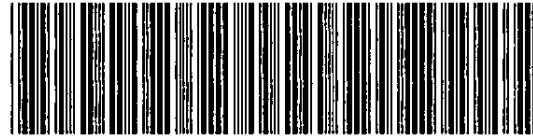
(Business Entity Name)

(Document Number)

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12 JUL 27 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE FL 32309

JUL 27 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2012

THOMAS O'NEIL  
THOMAS R. O'NEIL, DDS, PA  
3020 NE 43 ST  
FT LAUDERDALE, FL 33308

SUBJECT: THOMAS R. O'NEIL, D.D.S., P.A.  
Ref. Number: K12955

We have received your document for THOMAS R. O'NEIL, 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 registered agent must sign accepting the designation.

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) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 412A00018749

*7/25/12  
OK see attached*



2012 JUL 27 PM 3:50

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THOMAS R. O'NEIL, DDS, PA  
Name of Corporation

**DOCUMENT NUMBER:** K12955

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:

THOMAS O'NEIL

Name of Contact Person

THOMAS R. O'NEIL, DDS, PA

Firm/Company

3020 NE 43 ST

Address

FT. LAUDERDALE, FL 33308

City/State and Zip Code

TCSANDALS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE O'NEIL

Name of Contact Person

at ( 954 ) 288-2677

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: THOMAS R. O'NEIL, DDS, P.A.
2. The principal office address: 7707 N UNIVERSITY DR, #201  
TAMARAC, FL 33321
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/27/1988 Document number: K12955

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)

THOMAS R. O'NEIL DDS

7707 N UNIVERSITY DR #201

TAMARAC, FL 33321

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

3020 NE 43 ST

P.O. Box NOT acceptable

FT. LAUDERDALE, FL 33308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

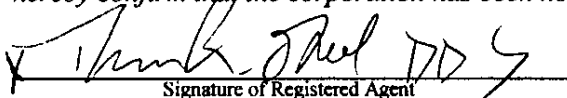
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

CHRISTINE O'NEIL, DIRECTOR

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

7/9/2012

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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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE