

L61000013137

JAMES A. BARKS
ATTORNEY AT LAW
SUITE B
1120 WEST FIRST STREET
SANFORD, FLORIDA 32771

TELEPHONE (407) 321-1224

FAX (407) 321-1467

November 7, 2001

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*****35.00 *****35.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

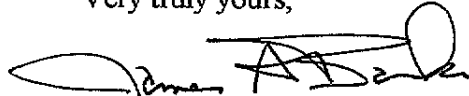
Re: Steven J. Kizior, D.D.S., P.L.

Gentlemen:

Enclosed please find Statement of Change of Registered Office Or Registered Agent Or Both
For Corporations, along with a check in the amount of \$35.00 to cover your fee.

Thank you for your assistance.

Very truly yours,


James A. Barks

FILED
01 DEC -3 PM 2 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAB/vam

Enclosures

L61-13137
OK



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 16, 2001

JAMES BARKS
1120 WEST FIRST STREET, SUITE B
SANFORD, FL 32771

SUBJECT: STEVEN J. KIZIOR, D.D.S., P.L.
Ref. Number: L01000013137

We have received your document for STEVEN J. KIZIOR, D.D.S., P.L. 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 801A00061776

FILED
01 DEC -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAMES A. BARKS
ATTORNEY AT LAW
SUITE B
1120 WEST FIRST STREET
SANFORD, FLORIDA 32771

TELEPHONE (407) 321-1224

FAX (407) 321-1467

November 30, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Attn: Tammi Cline, Document Specialist

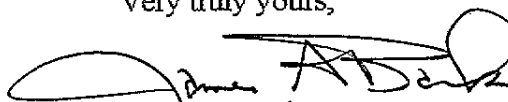
Re: Steven J. Kizior, D.D.S., P.L.
Reference Number: L01000013137

Dear Ms. Cline:

In response to your letter dated November 16, 2001 (copy included), enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Corporations, which has been executed by the registered agent.

Thank you for your assistance with this matter.

Very truly yours,


James A. Barks

JAB/vam

Enclosures

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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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Steven J. Kizior, D.D.S., P.L.

2. The mailing address of the corporation: 1621 Kersley Circle

Lake Mary, Florida 32746

3. Date of incorporation/qualification: 8/06/01 Document number: L01000013137

4. The name and address of the current registered agent and office:

Steven J. Kizior, D.D.S.

316 Groveland Street

Orlando, Florida 32804

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Steven J. Kizior, D.D.S.

1621 Kersley Circle

Lake Mary, Florida 32746

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Steven J. Kizior, D.D.S., Managing Member
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC -3 PM 5: 00

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