

DOCUMENT# L06000005837

Entity Name: KISTAMA NAIDU, D.M.D., PLLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NAIDU, KISTAMA
16109 OPAL CREEK DRIVE
WESTON,, FL 33331 US

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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NAIDU, KISTAMA
Address: 16109 OPAL CREEK DRIVE
City-St-Zip: WESTON, FL 33331

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KISTAMA NAIDU

P

01/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date