

03/05/2008 08:30 FAX

LEGALZOOM2444

001/003

Division of Corporations

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Florida Department of State

Division of Corporations

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003/003

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3/5/2008 8:37 PAGE 001/001 Florida Dept of State



March 5, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REMEDIOS SANTOS, D.M.D., P.L.
1800 RIVER BLUFF RD. N.
JACKSONVILLE, FL 32211US

SUBJECT: REMEDIOS SANTOS, D.M.D., P.L.
REF: L08000010217

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

2008-02-08 19:42

SANTOSBODIN

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P 2/2

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: REMEDIOS SANTOS, D.M.D., P.L.
2. The mailing address of the limited liability company is : _____
1800 RIVER BLUFF RD. N., JACKSONVILLE, FL 32211

01/29/2008L08000010217

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

REMEDIOS S. BODINName1800 RIVER BLUFF RD. NAddressJACKSONVILLE, FL 32211City, State and Zip

6. The name and address of the new registered agent and/or office:

United States Corporation Agents, Inc.Name13302 Winding Oaks Blvd., Suite A-100Florida street address (P.O. Box NOT acceptable)Tampa, FL 33612City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Remedios S. Bodin
(Signature of a member or authorized representative of a member)

REMEDIOS S. BODIN

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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