

DOCUMENT# L11000050593

Entity Name: SON AND MICHELLIEN NGUYEN DDS, PLLC

1180 PONCE DELEON BLVD.
BUILDING 8
CLEARWATER, FL 33756 US

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BUILDING 8
CLEARWATER, FL 33756 US

FEI Number: _____ **FEI Number Applied For (X)** _____ **FEI Number Not Applicable ()** _____ **Certificate of Status Desired ()** _____

NGUYEN, SON
1180 PONCE DELEON BLVD.
BUILDING 8
CLEARWATER, FL 33756 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 _____

Title: MGRM
Name: NGUYEN, SON
Address: 1180 PONCE DELEON BLVD., BUILDING 8
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM
Name: NGUYEN, MICHELLIEN
Address: 1180 PONCE DELEON BLVD., BUILDING 8
City-St-Zip: CLEARWATER, FL 33756

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: SON NGUYEN

MGRM

05/01/2012

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