



FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT #L54601
 1. Entity Name
 CARLOS A. COELLO, D.M.D., P.A.



Principal Place of Business Mailing Address
 600 SOUTH DIXIE HWY SUITE 200 BOCA RATON, FL 33432
 600 SOUTH DIXIE HWY SUITE 200 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)
 4. FEI Number 65-0176029 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COELLO, CARLOS A.
 600 SOUTH DIXIE HWY #200
 BOCA RATON, FL 33432

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COELLO, CARLOS JR DMD 600 S. DIXIE HWY #200 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COELLO, KAREN DMD 600 S. DIXIE HWY #200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COELLO, CARLOS JR DMD 600 S. DIXIE HWY #200 BOCA RATON, FL
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 04/29/06-80001-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Coello 4-10-06 561-384057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #