

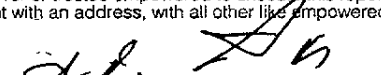


FILED

Feb 04, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P01000058666 1. Entity Name CAROLEE O. HORVATH, D.M.D., P.A.</div><div style="text-align: center;"></div></div>				Feb 04, 2004 08:00 AM Secretary of State																															
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 4371 S HWY 27 C-15 CLERMONT FL 34711</div><div>Mailing Address 4371 S HWY 27 C-15 CLERMONT FL 34711</div></div>				 MOORE CR2E034 (11/03)																															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-3735392 <div style="display: flex; justify-content: flex-end;"><div>Applied For</div><div>Not Applicable</div></div>																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent HORVATH, CAROLEE O 15866 PINE LILY COURT CLERMONT FL 34711				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;">Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</div>																															
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:40%;">D HORVATH, CAROLEE O 15866 PINE LILY CT CLERMONT FL 34711</td><td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr></table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORVATH, CAROLEE O 15866 PINE LILY CT CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:40%; text-align: center;">U000000035644 02/06/04-80027-009 150.00</td><td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000035644 02/06/04-80027-009 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORVATH, CAROLEE O 15866 PINE LILY CT CLERMONT FL 34711	<input type="checkbox"/> Delete																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000035644 02/06/04-80027-009 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2/3/04 352-243-6808																																			