

PO10000078368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Rel change
@ 10.5.04



600041201966

09/27/04--01018--017 **35.00

FILED
04 SEP 27 PM 3:09
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BABITA JHA SETHI, M.D., P.A.
(Name of corporation)

DOCUMENT NUMBER: P01000078368

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BABITA SETHI
(Name of contact person)

BABITA JHA SETHI, M.D., P.A.
(Firm/Company)

5210 NW 109th LANE
(Address)

CORAL SPRINGS, FL 33076
(City/state and zip code)

For further information concerning this matter, please call:

BABITA SETHI at (305) 778-3032
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 SEP 27 PM 3:09
TALLAHASSEE, FLORIDA

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314