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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JULIE A KENNEDY DMD PA (Name of corporation)	
Division of Corporations DBJECT: JULIE A KENNEDY DMD PA (Name of corporation) OCUMENT NUMBER: P030000 4427 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Rease return all correspondence concerning this matter to the following: HOWARD MOFSEN CPA (Name of person) PINCH(WhY & MOFSEN CPA (Name of firm/company) 9728 W SAMPLE RD (Address) CORAL SININGS, FL 33065 (City/state and zip code) Truther information concerning this matter, please call: HOWARD MOFSEN (Name of person) at (954) 753-3545 (Area code & daytime telephone number) closed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:	
Please return all correspondence concerning this matter to the following:	
HOWARD MOFSEN CPA	
(Name of person)	
PINCHEWSKY & MOFSEN CPA'S	
(Name of firm/company)	
9728 W SAMPLE RD	
(Address)	
CORAL SPRINGS, FL 33065	
(
For further information concerning this matter, prease can.	
HOWARD MOFSEN at (954) 753-3545 (Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec change is submitted for a corpor to change its registered office or	ration organized ur	ider the laws	of the State	e of Fi			
1. The name of the corporation:	JUU	E A	hem	NEDY	OMD	PA	
2. The principal office address:_	9874	CORON	ADO	LAh	E DR		
	BOYNTON	BENC	4	FL	33437		
3. The mailing address (if different	ent):		· · · · · · · · · · · · · · · · · · ·		,		
4. Date of incorporation/qualific	ation: <u>/-/3-</u>	<i>03</i> E	ocument n	umber: P	030000	044	27
5. The name and street address o Florida Department of State:	of the current registe	ered agent and	d registered	l office on f	ile with the		
Corpor	rte Crec	tions 1	Vetwo	rh 1	nc	ŽĘ.	03
941	rete Crea: Fourth	Street	#2	00		ΛΗΛ	NON.
Miami	Beach	FL	3313	9		ARY SSER	17
6. The name and street address of (if changed):	_	•		J	ed office	OF STAT	PH :: 3
	d J-					A.	
9728	W SAW (P.O. Box or per	PLE	NO	<u> </u>			
(2000	SPA/NG	sonal mailbox NC	of acceptable)	7201	_		
·							
The street address of its register changed will be identical.	ed office and the s	treet address	of the bus	iness office	of its register	ed agent	, as
Such change was authorized by the board, or the corporation has	resolution duly ad been/hotified in v	opted by its lyriting of the	board of di	rectors or b	y an officer so	o authori	zed by
x Delie (l	L				7 KEN		
(Signature of an officer of	'	<u> </u>					
I hereby accept the appointment I further agree to comply with the duties, and I am familiar with a being filed merely to reflect a ch been notified in writing of this c	as registered ageing provisions of all and accept the oblight ange in the register thange.	it-ànd agree statutes rela ation of my p red office ad	to act in the active to the cosition as idress, I he	nis capacity proper and registered creby confir	l complete per agent. Or, if i m that the cor	formanc this docu poration	e of my iment is i has
				11-12	7 - 03 (Date)		
(Signature of Registere	d Agent)				(Date)		
If signing on behalf of an entity:							
e de la companya de					(Capacity)		

* * * FILING FEE: \$35.00 * * *