

PO 3000104143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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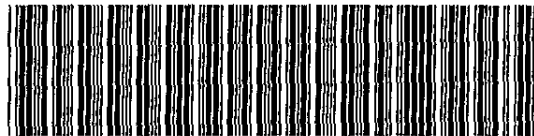
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Andrew M. Segelnick DMD PA
(Name of corporation)

DOCUMENT NUMBER: PO3000104143

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:

Andrew Segelnick
(Name of contact person)

Andrew M. Segelnick DMD PA
(Firm/Company)

5181 Northwest Dr. / Box 7373 NW 45th Ave.
(Address)

Coconut Creek, Fl. 33073
(City/state and zip code)

For further information concerning this matter, please call:

Andrew Segelnick at (954) 609-5681
(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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Fl.
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Andrew M Segelnick DMD PA
2. The principal office address: 7373 NW 45th Ave. / Coconut Creek, Fl. 33073
5481 University Dr. Suite #3 Coral Springs, Fl. 33067
3. The mailing address (if different): 7373 NW 45th Ave. Coconut Creek, Fl. 33073
4. Date of incorporation/qualification: 9/2003 Document number: P03000104143

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Andrew M Segelnick DMD
1063 Coral Club Dr.
Coral Springs, Fl. 33071

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrew M. Segelnick DMD
5481 University Dr. Suite #3
(P.O. Box NOT acceptable)
Coral Springs, Fl. 33067

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Andrew M Segelnick
(Signature of an officer or director)

Andrew M Segelnick
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Andrew M Segelnick
(Signature of Registered Agent)

10/16/04
(Date)

If signing on behalf of an entity:

Andrew M. Segelnick
(Typed or Printed Name)

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

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