

P04.0000578604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

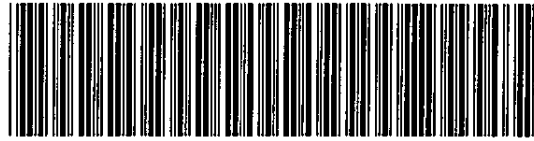
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100110020281

09/28/07--01034--015 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 OCT 26 PM 1:13

PS 10/29/07  
ne



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2007

JULIE LOPEZ, PA  
W5225 LAKEWOOD CIRCLE  
ELKHORN, WI 53121

SUBJECT: JULIE LOPEZ, P.A.  
Ref. Number: P04000057864

We have received your document for JULIE LOPEZ, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The address for the registered agent must be at a Florida street address. Please correct accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Regulatory Specialist II

Letter Number: 607A00058287

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JULIE LOPEZ, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000057864

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:

JULIE LOPEZ, PA  
(Name of Contact Person)

JULIE LOPEZ, PA  
(Firm/Company)

W5225 LAKEWOOD CIRCLE  
(Address)

ELKHORN, WI 53121  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE LOPEZ, PA at ( 727 ) 534-9004  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, ~~687.1508~~, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JULIE LOPEZ, P.A.
2. The principal office address: W5225 LAKEWOOD CIRCLE, ELKHORN, WI 53121
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/2/2004 Document number: P04000057864
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

10465 OSCEOLA DRIVE

NEW PORT RICHEY, FL 34654

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

~~W5225 LAKEWOOD CIRCLE, ELKHORN, WI 53121~~

505 Lennox Rd. West

(P.O. Box NOT acceptable)

Palm Harbor, FL 34683

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.

*Julie Lopez*  
(Signature of an officer or director)

JULIE LOPEZ, REGISTERED AGENT, President  
(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.*

*Julie Lopez*  
(Signature of Registered Agent)

9/28/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 OCT 26 PM 1:13