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Division of Corporations

MALLORY LAW GROUP

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

VIKRAM MOHIP, D.M.D., P.A.

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COVER LETTER**TO:** Amendment Section
Division of Corporations**SUBJECT:** -VIKRAM MOHIP, D.M.D., P.A.
(Name of Corporation)**DOCUMENT NUMBER:** P04000124169

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:

Merry E. Lindberg, Esq.

(Name of Contact Person)

Mallory Law Group

(Firm/Company)

1907 Commerce Lane, Ste. 104

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Merry E. Lindberg, Esq.

(Name of Contact Person)

at (561) 743-3708

(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

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**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vikram Mohip, D.M.D., P.A.
2. The principal office address: 250 Professional Way, Wellington, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/27/2004 Document number: P04000124169
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Vikram Mohip, D.M.D.
12794 W. Forest Hill Blvd Ste 27-A
Wellington, FL 33414


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

Vikram Mohip, D.M.D.
250 Professional Way
(P.O. Box NOT acceptable)
Wellington, FL 33414

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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.


(Signature of an officer or director)

Vikram Mohip, D.M.D., Pres/D
(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.


(Signature of Registered Agent)

Vikram Mohip, D.M.D.
(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)

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