

POS 000048096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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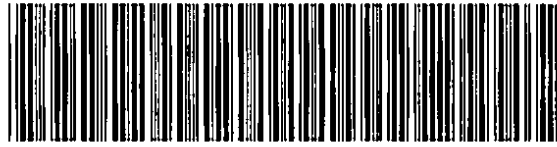
(Business Entity Name)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ENDODONTIC ASSOCIATES OF TRINITY, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P05000048096

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:

ALLY WATSON

Name of Contact Person

ENDODONTIC ASSOCIATES OF TRINITY, P.A.

Firm/Company

3165 McMullen Booth Rd, A2

Address

Clearwater, FL 33761

City/State and Zip Code

allywatson@endoassoc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ally Watson

Name of Contact Person

at ( 727 ) 796-2183  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ENDODONTIC ASSOCIATES OF TRINITY, P.A.
2. The principal office address: 8812 HAWBUCK STREET, TRINITY, FL 34655
3. The mailing address (if different): 3165 McMullen Booth Rd. Suite A2, Clearwater, FL 33761
4. Date of incorporation/qualification: 03/25/2005 Document number: P05000048096
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
- Chappell, Lori
- 3165 McMullen Booth Rd, A2
- Clearwater, FL 33761

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Dr. Raed Al Kasem
- 3165 McMullen Booth Rd, A2
- P.O. Box NOT acceptable
- Clearwater, FL 33761

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] Dr. Raed Al Kasem, President  
Signature of an officer or director 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] 11-6-20  
Signature of Registered Agent Date

If signing on behalf of an entity:  
ENDODONTIC ASSOCIATES OF TRINITY, P.A.  
Typed or Printed Name

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