(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dod	cument Number) Certificates	of Status
Special Instructions to F	iling Officer:	
	*	

Office Use Only



400149071964

04/09/09--01010--014 **35.00

LAW OFFICES OF

MANN & WOLF, LLP

55 NE 5TH AVENUE, SUITE 500 **BOCA RATON, FL 33432**

TEL: (561) 338-5060 BROWARD LINE: (954) 427-6200 FAX: (561) 395-4701 e-mail: rmwboca@aol.com

Andrew L. Mann, Esq. Robert M. Wolf, Esq. Board Certified in Taxation LL.M. in Taxation Admitted in Florida and New York Sunrise Office:

4300 N. University Drive, Suite C-203 Sunrise, FL 33351

> Tel: (954) 572-9944 Fax: (954) 572-6070

April 7, 2009

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

Juana M. Geldres, D.D.S. P.A.

Document #P05000126278

Gentlemen:

Enclosed please find Statement of Change of Registered Office for Corporations with reference to the above-named.

Check in the sum of \$35.00 is also enclosed to cover your filing fee.

Sincerely

Robert M. Wolf

RMW* Encs.

F:\CLIENTS\GELDRES.DR\L-FileChangeRegOffice.doc

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: JUANA M. GELDRES, DDS, P.A.	
2. The principal office address: 1800 FOREST HILL BLVD.	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/13/2005 Document number: P05000126278	···········
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)	
MANN & WOLF, LLP	
33 S.E. 4TH STREET STE. 102	
BOCA RATON FL 33432	
BOCA RATON FL 33432 6. The name and street address of the new registered agent (if changed) and /or registered office FR (if changed):	
	T
55 N.E. 5TH AVENUE STE 500 (P.O. Box NOT acceptable)	C
BOCA RATON FL 33432	
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 hourd, on the corporation has been notified in writing of the change.	
X JUANA M. GELDRES, DDS, P.A. (Printed or typed name and title)	
I hereby accept the applintment as registered agent and agree to act in this capacity. I furthef 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) PA Partner (Date)	
If signing on behalf of an entity: Robert M. Wolf Pres of Corp partner (Expediat Printed Name)	

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