

P06000129758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

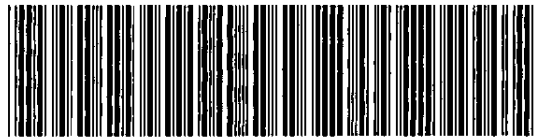
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70 299
APR 15

Robert W. Parkinson, DMD, PA
1708 S. Habana Avenue Tampa, Florida 33629-6124

May 6, 2009

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Robert W. Parkinson, DMD, PA
Ref Number: P06000129758

Dear Sir or Madam:

The prior documents enclosed requesting a change in registered agent are incorrect. The registered agent for my corporation remains the same. However, the principal address and mailing address have changed.

New Principal Address:

Robert W. Parkinson, DMD, PA
330 East Bloomingdale Avenue
Brandon, FL 33511

New Mailing Address:

Robert W. Parkinson, DMD, PA
1708 S. Habana Avenue
Tampa, FL 33629

Thank you for your attention to this matter. Please do not hesitate to contact me if any additional information is needed.

Sincerely,



Robert W. Parkinson
Robert W. Parkinson, DMD, PA

RECEIVED
2009 MAY 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2009

ROBERT PARKINSON
ROBERT W. PARKINSON, DMD, PA
1708 S. HABANA AVE.
TAMPA, FL 33629

SUBJECT: ROBERT W. PARKINSON, D.M.D., P.A.
Ref. Number: P06000129758

We have received your document for ROBERT W. PARKINSON, D.M.D., 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 909A00012704

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert W. Parkinson DMD PA
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Robert Parkinson
(Name of Contact Person)

Robert W. Parkinson DMD PA
(Firm/Company)

1708 S. Habana Ave.
(Address)

Tampa, FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Parkinson at (813) 758-2171
(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, 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: Robert W. Parkinson DMD, PA
2. The principal office address: 330 East Bloomingdale Ave.
Brandon, FL 33511
3. The mailing address (if different): 1708 S. Habana Ave.
Tampa, FL 33629
4. Date of incorporation/qualification: _____ Document number: _____
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)

Robert W. Parkinson DMD, PA
4320 Bell Shoals
Valrico, FL 33596

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

Robert W. Parkinson DMD
330 East Bloomingdale Ave.
(P.O. Box NOT acceptable)
Brandon, FL 33511

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

Robert Parkinson Dentist
(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]
(Signature of Registered Agent)

4/8/09
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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