

PO7000120874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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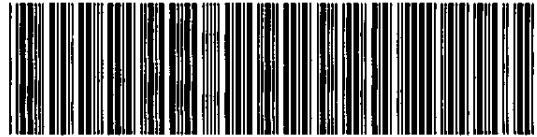
(Business Entity Name)

(Document Number)

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10 MAY 12 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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5/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

CARL C CARTER OD PA.

Name of Corporation

DOCUMENT NUMBER: _____

26-1330125

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:

CARL C CARTER

Name of Contact Person

3691 CARL C CARTER OD PA.

Firm/Company

3691 LONE PINE RD.

Address

DELRAY BCH FLA 33445

City/State and Zip Code

CandC Carter@AOL.com

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

For further information concerning this matter, please call:

CARL C CARTER

Name of Contact Person

at (561) 789 3335

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

1. The name of the corporation: CARL C CARTER DD, PA
2. The principal office address: 3691 LONE PINE RD
DELRAY BEACH, FL 33445
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/07 Document number: 26-1330125

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)

CARL C CARTER
19 FAIRWAY DR.
BOYNTON BCH FL 33436

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

CARL C CARTER
3691 LONE PINE RD.
P.O. Box NOT acceptable
DELRAY BCH FL 33445

- 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.

Carl C Carter
Signature of an officer or director

CARL C CARTER
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.

Carl C Carter
Signature of Registered Agent

April 23 2010
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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TALLAHASSEE, FLORIDA