P10000031363

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Conversed by Lunch by Hulphon Call An (-17-11				

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SECRE JARY OF STATE

112-17-11



May 31, 2011

MOUNIKA FALEMBAN KIDZONE DENTAL CARE, PA 5353 FANNIN ST #1308 HOUSTON, TX 77004

SUBJECT: KIDZONE DENTAL CARE, P.A.

Ref. Number: P10000031363

We have received your document for KIDZONE DENTAL CARE, 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 011A00013280

H JUN 17 AM 8: 05
SECRETARY OF STATE
ALLAHASSEE, FLORID

COVER LETTER

CR2E045 (8/05)

TO:	Amend Divisio	ment Section on of Corporations				
SUBJ	ECT:	c/o Tina Rol	perts, Letter N Name of 0	umber: 011A0001	3280	
DOC	UMENT	NUMBER:	P10	0000031363		
The er	iclosed S	tatement of Change	e of Registered Offic	ce/Agent and fee are sub	mitted for filing.	
Please	return al	l correspondence c	oncerning this matte	er to the following:		
	Mounika Falemban					
Name of Contact Person						
	Kidzone Dental Care, P.A.					
	Firm/Company					
	2901 Folklore Dr.					
				dress		
•						
	Valrico, FL 33596					
	City/State and Zip Code					
	dr.falemban@hotmail.com					
	E-mail address: (to be used for future annual report notification)					
				,		
For fu	rther info	ermation concerning	g this matter, please	call:		
		Mounika Faler		at (857)	928-5897	
		Name of Contact P	erson	Area Code & Da	928-5897 ytime Telephone Number	
Enclos	sed is a \$	35.00 check made	payable to the Depa	rtment of State.		
			ent Section	Street Addre	Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			-		Division of Corporations Clifton Building	
					ding tive Center Circle	
				Tallahassee		

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: Kidzone Dental Care, P.A.
2. The principal office address. 290/Folic love Dr.
3. The mailing address (if different): 2901 Folklore Dr., Valrico, FL 33596
4. Date of incorporation/qualification: April 12, 2010 Document number: P10000031363
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)
Mounika Falemban
11117 Hoffner Edge Dr.
Riverview, FL 33579
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mounika Falemban RAT 5
2901 Folklore Dr.
P.O. Box NOT acceptable Valrico, FL 33596
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 Mounika Falenban 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 Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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