

P100000031363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

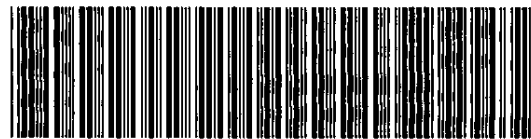
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TALLAHASSEE, FLORIDA

TH 6-17-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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11 JUN 17 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: c/o Tina Roberts, Letter Number: 011A00013280
Name of Corporation

DOCUMENT NUMBER: P10000031363

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:

Mounika Falemban
Name of Contact Person

Kidzone Dental Care, P.A.
Firm/Company

2901 Folklore Dr.
Address

Valrico, FL 33596
City/State and Zip Code

dr.falemban@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mounika Falemban at (857) 928-5897
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

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.

- Valrico, FL 33596

Date _____

CR2E045 (8/05)

FILED
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