P93000047582

(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:			
_			

Office Use Only



200123851992

04/17/08--01039--006 ++35.00



: 1:

Rewis 4-23-08

LEONARD ALTERMAN

ATTORNEY AT LAW

9218 Cypress Green Drive • Suite 11 • Jacksonville, Florida 32256 Telephone: (904) 739-3440 • Fax: (904) 730-7722 E-mail: alterlaw@bellsouth.net • www.leonardalterman.com

April 15, 2008

Corporate Records Bureau Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32314

Re:

Monument Pointe Animal Hospital, Inc.

Document No. P93000047582

Gentlemen and Ladies:

I am enclosing an original and one copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations of MONUMENT POINTE ANIMAL HOSPITAL, INC. Also enclosed is a check in the amount of \$35.00 as payment for the filing of this document.

I would appreciate your confirming the filing of this document to me on the extra copy of this letter.

Sincerely,

Leonard Alterman

LA/bjw Enclosures

ee: Edward D. McKnight, III

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTIL FOR CORPORATIONS

statement of change is submitted ;	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida gistered office or registered ogent, or both, in the State of Florida.	
	Monument Pointe Animal Hospital, Inc.	
The name of the corporation: The principal office address:	1542 Monument Road, Jacksonville, FL 32225	
3. The mailing address (if differen	ut)·	
4. Date of incorporation/qualifica	tion: 6/29/1993 Document number: P93000047582	THE PARTY OF THE P
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the	LEG TO THE
Alan Stamm		製しる
2516 St. Jo	nns Bluff Road	SE ZO
Jacksonville	≘, FL 32246	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(if changed):	(P O. Box NOT acceptable)	Constitution of the second
The street address of its registers as changed will be identical.	ed office and the street address of the business office of its registered agent,	
	resolution duly adopted by its board of directors or by an officer so opporation has been notified in writing of the change.	
Geon C. Michi	Jean C. McKnight, President	
I hereby accept the appointment I further agree to comply with the form document is being filed merely to corporation has been notified in	as registered agent and agree to act in this capacity epigens of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this or reflect a change in the registered office address, I hereby confirm that the writing of this change.	
(Signature of Registered A		
(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)