

P94000024885

(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



800218225588

01/17/12--01040--017 **35.00

FILED
12 FEB -6 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

only 2/4/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wayne L. Faulkner, DDS, PA
Name of Corporation

DOCUMENT NUMBER: P94000024885

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:

Brian Palmer, CPA
Name of Contact Person

Brian Palmer Accounting & Tax
Firm/Company

2937 Bee Ridge Rd, Ste 2
Address

Sarasota, FL 34239
City/State and Zip Code

Brian@BPalmerAccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne L. Faulkner at (941) 907-1199
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2012

BRIAN PALMER
2937 BEE RIDGE RD., STE 2
SARASOTA, FL 34239

SUBJECT: WAYNE L. FAULKNER, D.D.S., P.A.
Ref. Number: P94000024885

We have received your document for WAYNE L. FAULKNER, D.D.S., 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 document must have original signatures.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 512A00001350

**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: Wayne L Faulkner, DDS, PA.
2. The principal office address: 6320 Venture Dr, Ste 102
Lakewood Ranch, FL 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 1, 2012 Document number: p94000024885
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)

Yost & Co, PA

1799 N Belcher Rd, Ste A

Clearwater, FL 33765

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

Brian Palmer Accounting & Tax, Inc.

2937 Bee Ridge Rd, Ste 2

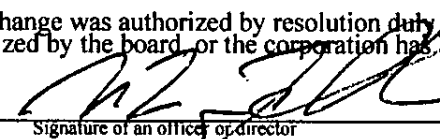
P.O. Box NOT acceptable

Sarasota, FL 34239

FILED
12 FEB -6 AM 11:04
SECRETARY OF STATE
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 of an officer or director

Wayne L. Faulkner, DDS

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

1/11/2012

Date

If signing on behalf of an entity:

Brian Palmer, CPA

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