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	itate/Zip
P. D. Terry L. Childers 1001 Medical Park Blvd Edmond. (
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D Essie Childers 1001 Medical Park Blvd Edmond, (OK 73013
****1200.80 *	**1200.00
	4
8. Name and Address of Current Registered Agent 9. Name and Address of New Register	red Agent
Name C T Corporation System	Į.
Kex A, Roten Street Address (P.O. Box Number is Not Acceptable))
46 North Washington Blvd, 1 7	
Sarasota, FL_34236	
City Plantation State	Zip Code
	55524
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505	5, F.S. 大八
Signature of Registered Agent Date DATA MILE Date	$\overline{\mathcal{U}}$
REGISTERED AGENT MUST SIGN	
11. Does this corporation pay any intangible tax to the (See other side for int	
	formation
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No nintangible ta	iformation ax.)
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Son intangible to	ax.)
Dept. of Revenue under S. 199.032, Florida Statutes. Yes NoL on intangible to 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Flori	ax.) Ida Statutes. I re- m public access.I
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Flori lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt fror certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application.	ax.) Ida Statutes. I re- m public access.I that when filing F.S., and that all
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