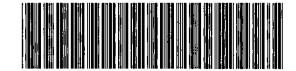


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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BREAT David Juliano D.M.D., P.A. Name of Corporation
DOCUMENT NUMBER: P 970000 / 2255
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:
Brett D. Juliano Name of Contact Person
Brett David Tuliano D. M. D. P.A.
801 Meadows Rd. Sv. to 115
Back Ration, Fl. 33486 City/State and Zip Code
Bo Tuliano @ 40/. (om. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Juliano at (561) 470-9408  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

333.00 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

## 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: Brett David Juliano D.M.D., P.A.
2. The principal office address: 801 meadows Rd. Suite 115  BOCA Raton , F1. 33486
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 2/1997 Document number: P97 000 / 2255
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)
Buckingham, Dolittle & Burroughs = 3
BUCKingham, Dolittle & Burroughs  3800 Embassy Parkway Svite 300
AKON Ohio 44373
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Oasz Kal Bolton LLP
2401 N.W. BOCA Raton Blvd.  P.O. Box NOT acceptable  BOCA Raton F1. 33431-6632
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 of deceror.  Printed or typed name and title  Printed or typed name and title
Thereby 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.
Sut Dail Julian for Gabriel 12/6/13  Signature of Registered Agent Date
If signing on behalf of an entity:  of DaszKal  Brett David Tuliano  Bolton LLP. as per phone  Typed or Printed Name  *** FILING FEE: \$35.00 ***  Conversation 12/4/13
- / <u>-</u> / <del>-</del> / <del>-</del> / <del>-</del> / <del>-</del> / <del>-</del> / <del>-</del> - / <del>-</del> / <del>-</del> - / - / / - / / - / - / - / -
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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