## P97000051228

(Requestor's Name)
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SECRETARY OF STATE
FAIL LAHASSEE. FLORID

Rochange Tleuri 4-9-09

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: Richard C. Swanson, DMD, PA (Name of Corporation)	on)					
DOCUMENT NUMBER: P97000051228	<u>-</u>					
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.					
Please return all correspondence concerning this matter to the f	following:					
John S. Clardy III						
(Name of Contact Person)						
Clardy Law Firm PA						
(Firm/Company)						
243 NE 7th Street						
(Address)						
Crystal River, FL 34428						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
John/Karen	352 \ 795-2946					
(Name of Contact Person)	352 795-2946 Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of	State.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tallahassee, FL 32301					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted fo	ons 607.0502, 617.0502 or a corporation organiz istered office or register	, 607.1508, or 617.1508 eed under the laws of the ed agent, or both, in the	e State of
1. The name of the	he corporation:	Richard C. Swa	anson, D.M.D., P	.A.
2. The principal of	-	1815 US Highwa	ay 19	
2. The principal (				
3. The mailing ac	ddress (if different)	):		
4. Date of incorp	oration/qualification	on:6/9/97	Document number:	P970Q0Q51228
	tment of State: (If i	he current registered agoresigned, enter resigned n S. Clardy III	ent and registered office )	on file with the
		rdy Law Firm PA W. Fort Island		
	Crys	stal River, FL 3	4428 US	HASSE THE
6. The name and (if changed):	street address of th	he new registered agent	(if changed) and /or reg	gistered office
	John S. Cl	ardy III		— RIGHT
	243 NE 7th			
	Crystal Ri	(P.O. Box NOT acceptable) ver, FL 34428		
The street address changed will	ss of its registered be identical.	office and the street a	ddress of the business	office of its registered agent,
Such change wa authorized by th	s anthorized by re board, or the co	solution duly adopted poration has been noti	by its board of director fied in writing of the c	s or by an officer so hange.
(Signatur	re of an officer or director	or) Thudit	Grided Sa (Printed or tyr	ood name and title)
I hereby accept to a further agree to of my duties, and document is being corporation has	the appointment a o comply with the d I am familiar wi ng filed merely to been notified in w	s registered agent and provisions of all statu ih and accept the oblig reflect a change in the vriting of this change.	agree to act in this cap les relative to the properation of my position as registered office addre	pacity. er and complete performance s registered agent. Or, if this ess, I hereby confirm that the
Jold	nature of Registered Age		3/30	
If signing on bel		,	·	
	S. Clardy II	ŀ		
(T)	vned or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*