

P9700007885

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A. Margaret Hesford, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P97000078885

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:

A. Margaret Hesford  
Name of Contact Person

A. Margaret Hesford, P.A.  
Firm/Company

10950 Stirling Road  
Address

Davie, Florida 33328  
City/State and Zip Code

AMHPA@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Margaret Hesford at ( 954 ) 562-8233  
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

**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: A. Margaret Hesford, P.A.
2. The principal office address: 10950 Stirling Road, Davie, Florida 33328
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/1997 Document number: P97000078885

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)

A. Margaret Hesford

5648 West Atlantic Boulevard

Margate, Florida 33063

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

A. Margaret Hesford

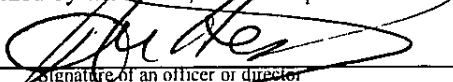
10950 Stirling Road

P.O. Box NOT acceptable

Davie, Florida 33328

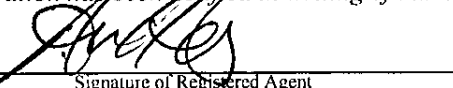
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

A. Margaret Hesford, President  
\_\_\_\_\_  
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

September 29, 2009  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

A. Margaret Hesford, P.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)

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