

199000004758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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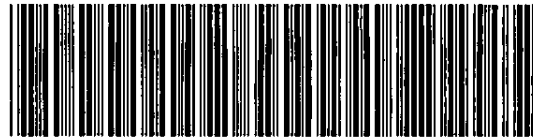
(Business Entity Name)

(Document Number)

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Jun 19 2014  
C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Whitaker Wentrich & Grizzard mcs PA  
Name of Corporation

DOCUMENT NUMBER: P99000004758

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:

Janet E. Mora  
Name of Contact Person

Whitaker, Wentrich & Grizzard mcs PA  
Firm/Company

4108 Henderson Blvd.  
Address

Tampa, FL 33629  
City/State and Zip Code

~~WGR~~ Wgrizzar@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet E. Mora at ( 813 ) 289-4321  
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

From:

07/17/2014 10:24

#487 P.002/003

**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: Whitaker, Weintraub & GRIZZARD, M.D.S., P.A.
2. The principal office address: 4708 Henderson Blvd.  
Tampa, FL 33629
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/15/1999 Document number: P99000004758
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)  
Resigned

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

CT Corporation System  
1200 S Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324

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.

Joe E. Whitaker  
Signature of an officer or director

Joe E. Whitaker M.D. 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.

Madonna Cuddihy  
Signature of Registered Agent

7-18-14  
Date

If signing on behalf of an entity:

Madonna Cuddihy  
Special Assistant Secretary

\*\*\* 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 (03/12)

14.94 PM 1:39