

S15923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

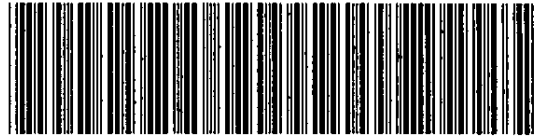
(Business Entity Name)

(Document Number)

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08 AUG 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Change

08/20/08

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2008

JAMES H. WADE, JR., CPA
7 WEST MAIN ST., STE. 1000
APOPKA, FL 32703

SUBJECT: STEVEN C. RHODES, D.M.D. AND LINDA K. BRANHAM, D.M.D.,
P.A.
Ref. Number: S15923

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 808A00044564

Comments per your letter 8/5/08

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 AUG 19 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Steven C. Rhodes & Linda K. Branham, DMD, P.A.
(Name of Corporation)

DOCUMENT NUMBER: S15923

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:

James H. Wade, Jr., CPA
(Name of Contact Person)

James H. Wade, Jr., CPA, P.A.
(Firm/Company)

7 West Main Street, Suite 1000
(Address)

Apopka, Florida 32703
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Wade at (407) 886-3945
(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: Steven C. Rhodes, D.M.D. and Linda K. Branham, D.M.D., P.A.
2. The principal office address: 225 West State Road 434, Suite 101
Longwood, Florida 32750
3. The mailing address (if different): 7 West Main Street, Suite 1000, Apopka, Florida 32703
4. Date of incorporation/qualification: 12/03/90 Document number: S15923
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Steven C. Rhodes

225 West State Road 434, Suite 101

Longwood, Florida 32750

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

James H. Wade, Jr.

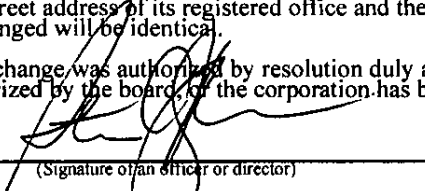
7 West Main Street, Suite 1000

(P.O. Box NOT acceptable)

Apopka, Florida 32703

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)

Steven C. Rhodes, 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)

8/14/08

(Date)

If signing on behalf of an entity:

(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)

FILED
08 AUG 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FL 32310