101138

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,
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SECRETARY OF STATE
APPLAHASSEL FLORIDA

R.A. Chong C.COULLIETTE AUG 19 2009

EXAMINER

COVER LETTER

TO:	Amendment Division of C	Section Corporations				
SUBJECT: CHARLOTTE A. HEALY, P.A. Name of Corporation						
DOC	UMENT NUM	BER:	V01138			
The er	nclosed Stateme	ent of Change of Registered Offic	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
			. to the tone thing.			
		CHARLOTT	E A. HEALY			
		Name of Co	ontact Person			
	_	N				
	Firm/Company					
	4400 N. EEDEDAL LINANA WAGA					
	4400 N. FEDERAL HWY #121 Address					
		BOCA RATON	FI ORIDA 33431			
BOCA RATON, FLORIDA 33431 City/State and Zip Code						
	DOCADATONDA CACIL COM					
	BOCARATONPA@AOL.COM E-mail address: (to be used for future annual report notification)					
		,	•			
For fu	rther information	on concerning this matter, please	call:			
	CHAR	RLOTTE A. HEALY	at (561) 265-4900 Area Code & Daytime Telephone Number			
	Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00	check made payable to the Depar	tment 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			

'STATÉMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1 ange is submitted for a corporation organized under the laws of	f the State of
in orde	er to change its registered office or registered agent, or both, in	the State of Florida.
	the corporation: CHARLOTTE A. HEALY, P.A.	
	office address: 4400 N. FEDERAL HIGHWAY, STE 1	121
BOCA RA	TON, FL 33431	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 12/17/1991 Document num	ber: V01138
	d street address of the current registered agent and registered of truent of State: (If resigned, enter resigned)	fice on file with the
	CHARLOTTE A. HEALY	
	4400 N. FEDERAL HWY #42	
	BOA RATON, FL 33431	<u>_</u> _
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or	registered office
	CHARLOTTE A. HEALY	
	4400 N. FEDERAL HWY #121	SSE
	P.O Box NOT acceptable	
	BOCA RATON, FL 33431	
The street addre as changed will	ess of its registered office and the street address of the busine be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of direction board, or the corporation has been notified in writing of the last teally CHARLOTTE Printed or	ctors or by an officer so the change. A. HEALY, DIRECTOR Typed name and title
I hereby accept I further agree to of my duties, an document is beat corporation has	the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligation of my positioning filed merely to reflect a change in the registered office and seen notified in writing of this change.	capacity. capacity. caper and complete performance n as registered agent. Or, if this ldress, I hereby confirm that the
Sign	whate of Registered Agent 8/	13/09 Date
If signing on be	chalf of an entity:	
Ту	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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