

P97000004674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400057100214

07/13/05--01033--025 **35.00

FILED
05 AUG -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROB
8/2/2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HADDAD OMS AND ASSOCIATES P.A.
(Name of corporation)

DOCUMENT NUMBER: P9700004674

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:

RAYMOND D. HADDAD D.M.D.
(Name of contact person)

HADDAD OMS AND ASSOCIATES P.A.
(Firm/Company)

150 SHERWOOD PASS
(Address)

ROSWELL, GEORGIA 30075
(City/state and zip code)

For further information concerning this matter, please call:

RAYMOND D. HADDAD D.M.D. at (386) 316-5771
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 20, 2005

RAYMOND D. HADDAD D.M.D.
HADDAD OMS AND ASSOCIATES P.A.
150 SHERWOOD PASS
ROSWELL, GA 30075

SUBJECT: HADDAD O.M.S. AND ASSOCIATES, P.A.
Ref. Number: P97000004674

We have received your document for HADDAD O.M.S. AND ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

THE REGISTERED AGENT'S ADDRESS MUST BE IN FLORIDA.

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) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 805A00047484

See enclosure:

*Address change of registered agent
Florida street address*

REC

05 AUG 05 AM 8:00

DIVISION

STENC

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: HADDAD O.M.S. AND ASSOCIATES, P.A.
- 2. The principal office address: 150 SHERWOOD PASS
ROSWELL, GA 30075
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01/16/1997 Document number: P97000004674

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HADDAD, RAYMOND D DMD
6 BROADWATER DR
ORMOND BCH FL 32174

FILED
05 AUG -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2313 US HWY 27-441
FRUITLAND PARK, FL 34731
(P.O. Box NOT acceptable)

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.

Raymond D. Haddad D.M.D.
(Signature of an officer or director)

RAYMOND D. HADDAD D.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.

Raymond D. Haddad D.M.D.
(Signature of Registered Agent)

07/11/2005
(Date)

If signing on behalf of an entity:

RAYMOND D. HADDAD D.M.D.
(Typed or Printed Name)

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