## Broussard Dental Services, Inc. Post Office Box 159 Mango, FL 33550-0159 City/State/Zip Phone # Requester's Name Broussard Dental Services, Inc. Post Office Box 159 Mango, FL 33550-0159 SOUD 3364815— -08/18/00—01084—001 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. | (Corporation Name)  | (Document #)   |
|----|---|--|
| 2. | (Corporation Name)  | m a m  |
| 3. | (Corporation Name)  | (Document #)  (Document #)  (Document #)   |
| 4. | (Corporation Name)  | (Document #)   |
|    | ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait             | Photocopy Certificate of Status  |
|    | NEW FILINGS   | <u>AMENDMENTS</u>  |
|    | Profit Not for Profit Limited Liability Domestication Other | <ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul> |
|    | OTHER FILINGS   | REGISTRATION/QUALIFICATION   |
|    | ☐ Annual Report ☐ Fictitious Name                           | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other  |

Examiner's Initials

## 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, the undersigned corporation organized under the laws of the State of Florida   |
|--|
| submits the following statement in order to change its registered office or registered agent, or both, in  |
| the State of Florida.  |
| 1. The name of the corporation is: Broussard Dental Services, Inc.   |
|  |
| 2. The mailing address of the corporation is: Post OFFICE Box 159  |
| Mango, FL 33556-0159   |
| 3. Date of incorporation/qualification: 07/05/1989 Document number: K99742   |
| 4. The name and address of the current registered agent and office:  |
| Ella D. Dames Altana et Land St. O   |
| Ellen D. Ostman, Altorney at Law 8  410 West Waters Ave #1   |
|  |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)   |
| 5. The name and address of the new registered agent and office. (1. 0. Box Not Acceptatory)  |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  Robert M. Broussard  4103 Fawn Circle  |
|  |
| 1ampa, FL 33610  |
| 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.   |
| Mary Kroussard, vice Chairman (Signatury of an officer, chairman or vice chairman of the board)  August 16, 2000 (Date)  |
| Mary F. Broussard, Vice Chairman (Printed or typed name and title)   |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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. |
| Roberton Browsonal 8/16/00 (Signature of Registered Agent) (Date)  |
| If signing on behalf of an entity:   |
| Robert M. Broussard Chairman of the Board (Capacity)   |
| (Typed or Printed Name) (Capacity)   |
| * * * FILING FEE: \$35.00 * * *  |