|   | 875                             | 125  |  |
|---|---------------------------------|--|--|
| Reo   | lestor N ne                     | 0000024866907<br>-04/13/9801096005<br>*****35.00 ******35.00   |  |
| DAVID A. LU<br>ATTORNEY                     | AT LAP. PA                      | Office Use Only  |  |
| CO 3233 East Bo<br>Suite 103<br>Largo, FL 3 |                                 | UMBER(S), (if known):  |  |
| 1(Corpor                                    | ration Name)                    | (Document #)   |  |
| 2. (Corpor                                  | ration Name)                    | (Document #)   |  |
| _   |                                 | (Document #)   |  |
| (Corpor                                     | ration Name)                    | (Document #)   |  |
| 4. (Corpor                                  | ration Name)                    | (Document #)   |  |
|   | Pick up time Will wait Photocop | 二  |  |
| NEW FILINGS                                 | AMENDMENTS                      | MANAGER TO THE PARTY OF THE PAR |  |
| Profit                                      | Amendment                       | :LORII<br>STATI  |  |
| NonProfit                                   | Resignation of R.A., Officer/I  | Resignation of R.A., Officer/Director  |  |
| Limited Liability                           | Change of Registered Agent      |  |  |
| Domestication                               | Dissolution/Withdrawal          |  |  |
| Other                                       | Merger                          |  |  |
| OTHER FILINGS  Annual Report                | REGISTRATION/SQUALIFICATION     | DAM  |  |
| Fictitious Name                             | Foreign                         | 1 that   |  |
| Name Reservation                            | Limited Partnership             |  |  |
|   | Reinstatement                   | 1 77   |  |
|   | Trademark                       | 1 (111)  |  |

Examiner's Initials

Other

## Florida Department of State, Sandra B. Mortham, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the the undersign submits the to both, in the Sta | provisions of sections 607.0502, 617.0502, 607.1508,<br>ned corporation organized under the laws of<br>ollowing statement in order to change its registered<br>te of Florida.   | or 617.1508, Florida Statutes, the State of Florida of office or registered agent, or   |
|---|---|---|
| 1a. The name of   | of the corporation is: ELLIS P. HYMAN, DDS, FPA   |   |
|   | g address of the corporation is:3233 East Bay Dr  | ive, Suite 104  |
| 1a Data of inc  | corporation: September 1, 1980 Document num   | her: 68/523 8   |
|   | •   |   |
| 2. The name   | and address of the current registered agent and office  | ie: SE SE SE  |
|   | ELLIS P. HYMAN, DDS   | - SEEG PRIM   |
|   | 3233 East Bay Drive, Suite 104  |   |
|   | Largo, FL 33771   | 07 - 8  |
| 3. The name ar  | nd address of the new registered agent and office:(P. STEPHEN C. WARNER, DDS  | O. Box Not Acceptable)  |
|   | 3233 East Bay Drive, Suite 104  |   |
|   | Largo, FL 333771  |   |
| The street addregistered ager                                 | dress of its registered office and the street address at, as changed, will be identical.  | of the business office of its   |
| Such change v<br>so authorized                                | vas authorized by resolution duly adopted by its boar   | d of directors or by an officer   |
|   | and like  | March 10, 1998  |
| (Signature  | of an officer, chairman or airman of the board)   | (Date)  |
|   |   | ,   |
|   | ACK, DDS, Vice President  |   |
| Having been n   | named as registered agent and to accept service of<br>herebyaccept the appointmentas registered agentary<br>to comply with the provisions of all statutes relative<br>of my duties, and I am familiar with and accept the | process for the above stated<br>ad agree to act in this capacity.<br>We to the proper and complete<br>to obligation of my position as |
| ЯL  | or Cila   | March 1, 1998   |
|   | of Registered Agent)  | (Date)  |
| If signing on be  | half of an entity:  |   |
|   |   |   |
| (Typed or   | Printed Name)   | (Capacity)  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314