G33704

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE: 10, 10

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Please Return Filed Stamped Copies To:

Carol Clark

Thank You!

10/10/00

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 provisions of sections 607.0502, 617.0502, 607.	•
undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered	
State of Florida.	syrice or registered agent, or boun, in the
1. The name of the corporation is: Oral Health Services, Inc	
2. The mailing address of the corporation is: 100 MANSELL COURT EAST, Suite 400 ROSMIL 6	
	ocument number: G3370
4. The name and address of the current registered agent and office	
Shue, Henry C. Tie	
5775 Blue Lagoon Dr Ste 400	
Miami, FL 33126	
5. The name and address of the new registered agent and office: (F	
CT Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	poard of directors or by an officer so
Lammi	9/22/00
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Bruce A. Mitchell Scenetary (Printed or typed name and title)	9/22/00
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes releperformance of my duties, and I am familiar with and accept to registered agent.	of process for the above stated ent and agree to act in this capacity. ative to the proper and complete he obligation of my position as
Dale H. morris	10/9/00
(Signature of Registered Agent) DALE W. MORRIS If signing on behalf of an entity: ASSISTANT VICE PRESIDEN	(Date)
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00