Division of Corporations

orida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000160176 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tor

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACOUNT

Account Number : 120030000037 : (561)835-8500 Phone Fax Number r (561)650-8530

REGISTERED AGENT CHANGE

ALIAPOULIOS AND KUHL, DDS, DMD, PA

Certificate of Status	0	1
Certified Copy	1	Ì
Page Count	02 .	<u> </u>
Estimated Charge	\$95.60	\$43.75

Electronic Filing Menu.

Corporate Filing

6/30/05 RA ches.

(((H05160176 3)))

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.

la. Ib,	The name of the corporation is Aliapoullos and Ku The mailing address of the corporation is	ihi, DDS, DMD, P.A. 14143 U.S. Highway I, Juno Bearle, FL 33408.
lc.	Date of Incorporation 11/15/1984 Documen	t Number H29977
2.	The name and address of the current registered age Mark A. Kuhl 7500 S. Dixle Highway West Palm Beach, FL 33405	FLANE TAIL
3,	The name and address of the new registered agent Mark A. Kuhl, D.M.D. 14143 U.S. Highway 1 Juno Beach, FL 33408	
	treet address of its registered agent and the street add e identical.	ress of the business office of its registered agent, as changed,
	ATURE 4 / MN	board of directors or by an officer so authorized by the board. Mark A. Kuhl, D.M.D. its President Typed or printed name and title
ABO AGR STAT FAM	VE STATED CORPORATION, I HEREBY ACCEP EE TO ACT IN THIS CAPACITY. I FURTHER A	AND TO ACCEPT SERVICE OF PROCESS FOR THE THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL PLETE PERFORMANCE OF MY DUTIES, AND I AM DIF MY POSITION AS REGISTERED AGENT.
If sign	ning on behalf of an entity:	
(Туре	ed or printed name)	(Capacity)

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

Filing Fee: \$35.00