

J31527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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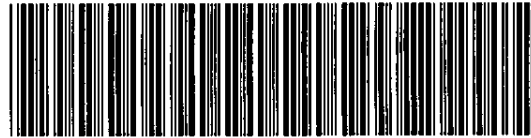
(Business Entity Name)

(Document Number)

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January 4, 2012

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Associates in Endodontics, P.A.  
FL Document # J31527

Dear Sir/Madam:

Enclosed for filing is an original and one photocopy of a Statement of Change of Registered Agent and Registered Office submitted on behalf of Associates in Endodontics, P.A. Also enclosed is a check in the amount of \$35.00 in payment of the filing fee.

Please file this change of registered agent with your Department as soon as possible and return a filed-stamped copy of the document to me. A postpaid return envelope is provided for your convenience.

Thank you for your assistance in this matter. If you have any questions, please call me.

Very truly yours,

A handwritten signature in cursive script that reads "Becky Diller".

Rebecca A. Diller  
Corporate Paralegal

Enclosures  
QB\15502385.1

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSOCIATES IN ENDODONTICS, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** J31527

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:

BECKY DILLER  
Name of Contact Person

QUARLES & BRADY LLP  
Firm/Company

411 E WISCONSIN AVE STE 2040  
Address

MILWAUKEE WI 53202  
City/State and Zip Code

JPRICE@JDSLEGAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BECKY DILLER at ( 414 ) 277-5541  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: ASSOCIATES IN ENDODONTICS, P.A.
2. The principal office address: 3641 10TH ST N, SUITE A  
NAPLES FL 34103
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 08/28/1986 Document number: J31527
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NAPLES-LAWDOCK, INC.

1395 PANTHER LANE, #300

NAPLES FL 34109

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

JOSEPH D. STEWART

2671 AIRPORT ROAD S., SUITE 302

P.O. Box NOT acceptable

NAPLES FL 34112

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 or authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

VINCENT C LOVETTO, JR, 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 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.*

Signature of Registered Agent

JOSEPH D. STEWART

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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