

CT CORPORATION SYSTEM

K08139

CORPORATION(S) NAME

DentiCare, Inc.

0

FILED  
2001 MAY 15 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY 15 PM 2:16  
TO AVOID FILING  
SUFFICIENCY OF FILING

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

5/15/01

Order#: 3939355

100004218311--0

-05/15/01--01061--022

Ref#: \*\*\*\*\*35.00 \*\*\*\*\*35.00

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

G. COULLETTE MAY 15 2001

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, 607.1508, 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: DentiCare, Inc.

2. The mailing address of the corporation is: 2801 Highway 280 South, Birmingham, AL 35223

3. Date of incorporation/qualification: 12-21-87 Document number: K08139

4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

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.

(Signature of an officer, chairman or vice chairman of the board)

05/01/01  
(Date)

Chris Calos, President

(Printed or typed name and title)

05/01/01  
(Date)

*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.*

Dale W. Morris  
(Signature of Registered Agent)

5-14-01  
(Date)

If signing on behalf of an entity:

**DALE W. MORRIS**  
**ASSISTANT VICE PRESIDENT**

(Typed or Printed Name)

(Capacity)

CR2E045(4/95)

FILING FEE: \$35.00