L04000046557

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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J. SAULSBERRY
EXAMINER
JAN 10 2013

Thank You!

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REGISTERED AGENT CHANGE
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Certificate of Status	0
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Page Count	03
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TRANSMISSION VERIFICATION REPORT

TIME : 01/02/2013 16:52
NAME : CT CORPORATION
FAX : 8656336092
TEL : 8653423522
SER.# : BROK9J985188

DATE,TIME	01/02 16:52
FAX NO./NAME	5176383
DURATION	00:00:36
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

01/09/2013 14:15 8656336092 CT CORPORATION PAGE 02/04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CDPG, PL
Name of Corporation

DOCUMENT NUMBER: L04000046557

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:

Gordon Martin
Name of Contact Person

American Dental Partners Inc
Firm/Company

401 Edgewater Place, Suite 430
Address

Wakefield, MA 01880
City/State and Zip Code

dnelsen@amdpi.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Nelsen at (781) 213-0279
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

CR2E045 (03/12)

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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: CDPG, PL
2. The principal office address: 775 E Merritt Island, CSWY, Suite 235
   Merritt Island, FL 32922 US
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/22/2004 Document number: L04000046557
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)

   THERIAC, AMARI Y P.C.

   Mariler JA, Suite 302, 96 Willerd Sx

   Cocoa, FL 32922

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

   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road
   P.O. Box NOT acceptable

   Plantation, Florida 33324

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

Signature of an officer or director — Dr. Anjay Kalra, 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 I 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.

By: C T Corporation System — 1/2/13
Signature of Registered Agent — Date

If signing on behalf of an entity:

CT Corporation System
Typed or Printed Name

AMY BERTELETTI
VICE PRESIDENT

* * * 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 (09/12)