

L04000046557

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE CDPG, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	24
Estimated Charge	\$35.00

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J. SAULSBERRY
EXAMINER

JAN 10 2013

Thank You!

To: Division of Corporations
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REGISTERED AGENT CHANGE
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Certificate of Status	0
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TALLAHASSEE, FLORIDA

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DATE, TIME
FAX NO./NAME
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PAGE(S)
RESULT
MODE

TIME : 01/02/2013 16:52
NAME : CT CORPORATION
FAX : 86563366092
TEL : 86534423522
SER.# : BRDK9J985188

TRANSMISSION VERIFICATION REPORT

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)

For further information concerning this matter, please call:

David Nelsen

781

213-0279

Name of Contact Person

at (

_____) 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

CR-28045 (03/12)

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TALLAHASSEE, FLORIDA

**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, FL
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)

THERRIAC, AMARI Y P.C.

Mamler JA, Suite 302, 96 Willard St

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

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.

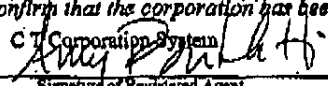


Signature of an officer or director

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: CT Corporation System


Signature of Registered Agent

1/2/13

Date

If signing on behalf of an entity:

CT Corporation System

AMY BERTELETTI
VICE PRESIDENT

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314

CR28045 (03/12)

FD-006 - (06/01/2012) Walter Kluwer Online

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