

L0500008277A



Dr. William M. Witt  
5622 NW 43rd St  
Gainesville, FL 32653

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

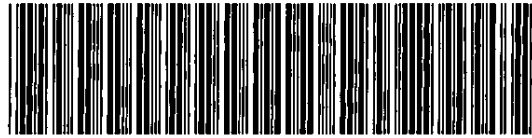
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DIVISION OF CORPORATIONS  
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**Gainesville Family Dentistry, LLC  
5622 NW 43rd Street  
Gainesville, FL 32653  
(352) 378-3139**

July 6, 2006

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

Re: Change of Registered Agent for **Gainesville Family Dentistry, LLC**

To Whom It May Concern:

To effect the change of registered agent for Gainesville Family Dentistry, LLC (Florida Document number L05000082779) from Steven M. Chamberlain to Dr. Sandra J. Witt, I am sending a completed STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (INHS18) form along with the filing fee of \$25.

Please contact me at the above telephone number if there are questions about this document.

Thank you for your prompt attention to this matter.

If you wish to have additional information about this request, please contact Dr. Sandra J. Witt (my wife and managing member of Gainesville Family Dentistry, LLC) or me at 352-378-3139.

Sincerely,



William M. Witt, DDS, MAGD  
Chief Executive Officer and President

Enclosures: STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY; filing fee (\$25)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: GAINESVILLE FAMILY DENTISTRY, LLC  
2. The mailing address of the limited liability company is: 5622 NW 43RD STREET,  
GAINESVILLE) FL 32653

AUGUST 20, 2005  
3. Date of filing/registration in Florida

L050000 82779  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

STEVEN M. CHAMBERLAIN  
Name  
618 N.E. 1ST STREET  
Address  
GAINESVILLE, FL 32601  
City, State and Zip

6. The name and address of the new registered agent and/or office:

DR. SANDRA J. WITT  
Name  
5622 NW 43RD STREET  
Florida street address (P.O. Box NOT acceptable)  
GAINESVILLE, FL 32653  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

DR. WILLIAM M. WITT, PRESIDENT + CEO  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sandra J. Witt  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

06 JUL 10 PM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS