

L69980

OCEANS DENTAL CENTER, P.A.
JAMES E. MONTGOMERY, D.D.S.
3777 RIDGEWOOD AVENUE
PORT ORANGE, FLORIDA 32119

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APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 8, 1997

OCEANS DENTAL CENTER, P.A.
% JAMES E. MONTGOMERY, D.D.S.
3777 RIDGEWOOD AVENUE
PORT ORANGE, FL 32119

SUBJECT: OCEANS DENTAL CENTER, P.A.
Ref. Number: L69980

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 497A00035230

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DIVISION OF CORPORATIONS

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: OCEANS DENTAL CENTER, P.A.

2. The mailing address of the corporation is: 3777 Ridgewood Ave
Port Orange FL 32119

3. Date of incorporation/qualification: May 1, 1990 Document number: 69980

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

OCEANS DENTAL CENTER
420 N HALIFAX DR Suite 1
DAYTONA BEACH FL 32118

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

JAMES E MONTGOMERY DDS
OCEANS DENTAL CENTER
3777 Ridgewood Ave
Port Orange FL 32119

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.

James E. Montgomer Pres. 6-20-97
(Signature of an officer, chairman or vice chairman of the board) (Date)

JAMES E MONTGOMERY DDS
(Printed or typed name and title)

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.

James E. Montgomer
(Signature of Registered Agent)

6-20-97
(Date)

If signing on behalf of an entity:

James E. Montgomer
(Typed or Printed Name)

7-11-97 Manager
(Capacity)