

L99547

(Requestor's Name)

Robert Fish, DDS
7737 N. University Dr. #100
Tamarac, FL 33321-2968

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

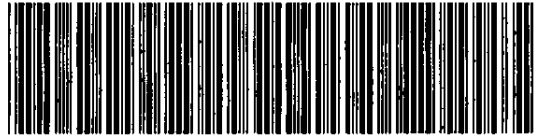
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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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: DENTAL-LEGAL ADVISORS, INC.

2. The principal office address: 16484 NE 27TH AVENUE
N. MIAMI BEACH, FL 33160

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/13/1990 Document number: L99547

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)

ROBERT FISH
7737 N UNIVERSITY DRIVE #100
TAMARAC, FL 33321

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

RONALD ASKOWITZ
16484 NE 27TH AVENUE
P.O. Box NOT acceptable
N. MIAMI BEACH, FL 33160

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.

Robert Fish
Signature of an officer or director

ROBERT FISH
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.

Ronald Askowitz
Signature of Registered Agent

FEBRUARY 24, 2010
Date

If signing on behalf of an entity:

RONALD ASKOWITZ
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314