

MO1000002753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

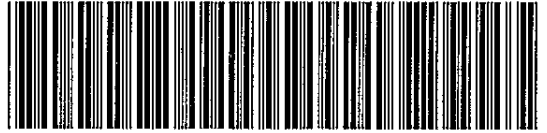
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600039610206

FILED
2004 JUL 28 PM 2:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
2004 JUL 28 PM 12:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 814704 7329552
AUTHORIZATION : *Patricia Pajute*
COST LIMIT : \$ 25.00

ORDER DATE : July 21, 2004
ORDER TIME : 10:15 AM
ORDER NO. : 814704-080
CUSTOMER NO: 7329552
CUSTOMER: Ms. Judy Muse
Dentaquest Ventures, Inc.
465 Medford Street
Boston, MA 02129

FILED
2004 JUL 28 PM 2:59
JUDICIAL CORPORATION'S
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: DORAL SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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: DORAL SOLUTIONS, LLC
2. The mailing address of the limited liability company is : _____
12121 N. Corporate Parkway, Mequon, WI 53092

3. Date of filing/registration in Florida December 11, 2001 4. Document number M01000002753

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

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

2004 JUL 28 PM 2:59
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

Patricia C. Ma
(Signature of a member or authorized representative of a member)

Patricia C. Ma, Authorized Representative
(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.

Jacqueline M. Giles
(Signature of Registered Agent) Jacqueline M. Giles, Asst. Vice President

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