

M06947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

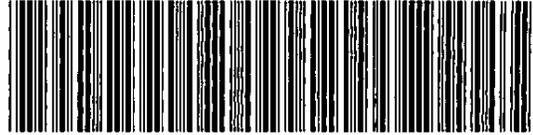
(Business Entity Name)

(Document Number)

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**FILED**  
09 MAY 18 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA change  
Lewis  
5-20-09*

**COVER LETTER**

RECEIVED  
2009 MAY 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Billings Dental-Health Center  
Name of Corporation

**DOCUMENT NUMBER:** M06947

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:

Brent R. Williams  
Name of Contact Person

Billings Dental-Health Center  
Firm/Company

10 South Mesier Ave.  
Address

Wappingers Falls, NY 12590  
City/State and Zip Code

stxscuba@juno.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent R. Williams at ( 845 ) 297-5123  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2009

BRENT WILLIAMS  
BILLINGS DENTAL-HEALTH CENTER INC.  
10 SOUTH MESIER AVENUE  
WAPPINGERS FALLS, NY 12590

SUBJECT: BILLINGS DENTAL-HEALTH CENTER INC.  
Ref. Number: M06947

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 909A00015382

Division of Corporations  
PO Box 6327  
Tallahassee, FL

Gentlemen

Please find included a copy of The Statement of change of Registered Agent which I mailed on 23 April 09. I inadvertently did not include a check for the filing fee. Please find said check included. Thank you. Sincerely,

Brent R. Williams  
Pres. Billings Dental-Health Center



email - STXSCUBA @JUNO.com

**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: Billings Dental-Health Center Inc.
2. The principal office address: 10 South Mesier Ave. Wappingers Falls, NY 12590
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 25 October 1984 Document number: M06947
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)

Milton Samuels  
3020 Marcos Dr. #107  
Aventura, Fla. 33160

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

Gary Currier  
2513 C Oakleaf Lane  
Clearwater, Fla. 33763

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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.

Brent R. Williams  
Signature of an officer or director

BRENT R. Williams, PRES  
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.

Gary Currier  
Signature of Registered Agent

5-8-09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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