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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 18 2006

**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: ROSALIA Rey, DDS, P.A.
2. The principal office address: 2601 WEST LAKE MARY Blvd., Suite 113  
LAKE MARY, FL 32746
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 6/18/2001 Document number: P01000060569
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERT A. SERRONE, Esq.  
2200 N Commerce Parkway Ste 206  
WESTON, FL 33326

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

Rosalia Rey  
2601 W LAKE MARY Blvd, Ste 11  
(P.O. Box NOT acceptable)  
LAKE MARY, FL 32746

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.

Rosalia Rey D.D.S.  
(Signature of an officer or director)

Rosalia Rey, 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.

Rosalia Rey D.D.S.  
(Signature of Registered Agent)

\_\_\_\_\_  
(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

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