

PO1000073537

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SANTA ROSA BEACH DENTAL, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P01000073537

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:

ANCHORS, MICHELLE

Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE

Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100

Address

FORT WALTON BEACH, FL 32547 US

City/State and Zip Code

MANCHORS@KAGMLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANCHORS, MICHELLE

Name of Contact Person

at ( 850 )

863-1974

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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SANTA ROSA BEACH DENTAL, P.A.
2. The principal office address: 4942 US HWY 98 WEST UNIT 19, SANTA ROSA BCH FL 32549
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/24/2001 Document number: P01000073537
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)

ANCHORS, MICHELLE

909 MAR WALT DR, STE 1014

FT WALTON BCH FL 32547 US

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

ANCHORS, MICHELLE

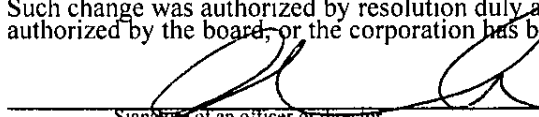
2113 LEWIS TURNER BLVD, SUITE 100

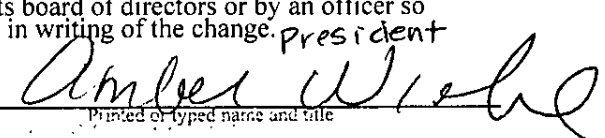
P.O. Box NOT acceptable

FORT WALTON BEACH, FL 32547 US

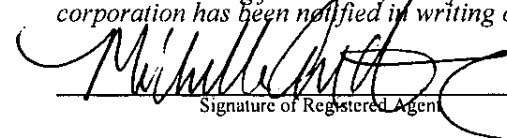
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

Sept 26, 2011  
\_\_\_\_\_  
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

CR2E045 (8/05)

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