## P03000095019

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
}				

Office Use Only



800051110448

04/20/05--01028--011 \*\*35.00



BARDS

7.8min 'APR 2 6 2005

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Affordable Dentures - Fort Myers, P.A.  (Name of corporation)				
DOCUMENT NUMBER: P03000095019				
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:				
Stephanie Thomas				
(Name of person)				
Paranet Corporation Services, Inc. (Name of firm/company)				
3761 Venture Drive, Suite 260 (Address)				
Duluth, GA 30096  (City/state and zip code)				
For further information concerning this matter, please call:				
Stephanie Thomas at ( 800 ) 277-9977  (Name of person) (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submit	ted for a corporation organized	d under the laws of the State of Florida	in order
0 0		nt, or both, in the State of Florida.	
	he corporation: Affordable D	•	
2. The principal	office address: 4329 Clevelar	nd Avenue, Suite 250, Fort Myers, FL 32514	<u> </u>
3. The mailing a	ddress (if different): n/a		
4. Date of incorp	poration/qualification: 08/29/0	3	
	street address of the current retiment of State:	gistered agent and registered office on file with the	
	CT Corporation System		<u>-</u> . ,
	1200 South Pine Island Rd		T., 7 ' ' Tre
	Plantation, FL 33324		<u>.</u>
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered office	05 / SEC
	NRAI Services, Inc.		APR:
	2731 Executive Park Driv	ve, Suite 4	PAY
	(P.O. Box	t or personal mailbox NOT acceptable)	
	Weston, FL 33331		S S S
The street addre	ess of its registered office and identical.	the street address of the business office of its registe	agent, as
Such change we the board or th	as authorized by resolution du e corporation has been notifie	ly adopted by its board of directors or by an officer of in writing of the change.	so authorized by
- Au	Signature of apporting of director)	Karen Franklin, Exec. Asst. S	ecy.
duties, and I an being filed mer	n familiar with and accent the	d agent and agree to act in this capacity, of all statutes relative to the proper and complete pe obligation of my position as registered agent. Or, ij egistered office address, I hereby confirm that the co	i inis aocumeni is
NRAI Services	s, Inc. Mint (Colores	- 4/11/05	
by:	(Signature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Mikel Hutchin		Special Asst. Secy.	
·· — <del></del>	(Typed or Printed Name)	(Capacity)	

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