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T. Smith APR 2 6 2005

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Affordable Dentures - Gainesville, P.A. (Name of corporation)
DOCUMENT NUMBER: P04000075883
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
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

CR2E045(09/03)

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

-	provisions of sections 607.0502, 617			•_ ,
•	tted for a corporation organized una ristered office or registered agent, or	, , , , , ,	orida	in order
1. The name of	he corporation: Affordable Dentu	res - Gainesville, P.A.	-··	· · · · · · · · · · · · · · · · · · ·
2. The principal	office address: 4401 N.W. 25th Pla	ace, Suite G, Gainesville, FI	32606	·
3. The mailing a	ddress (if different):n/a			
4. Date of incorp	poration/qualification: 05/07/04	Document number:	P04000075883	
	I street address of the current register tment of State:	ed agent and registered office	on file with the	
	CT Corporation System	·		- 1
	1200 South Pine Island Rd.		·	OS A
	Plantation, FL 33324			
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or regi	stered office	20 PH C
	NRAI Services, Inc.			3: 3: 3: 3:
	2731 Executive Park Drive, Su	uite 4		, O)
,	(P.O. Box or per	sonal mailbox NOT acceptable)		*·=**
	Weston, FL 33331			
The street addre	ess of its registered office and the statement of the sta	treet address of the business of	office of its register	ed agent, as
	as authorized by resolution duly ad- e corporation has been notified in v			
- Kay	signature of an officer or director)		lin, Exec. Asst. Sec ated or typed name and titl	
been notified in	the appointment as registered ager to comply with the provisions of all a familiar with and accept the oblig ely to reflect a change in the registe writing of this change.		• •	•
NRAI Services by:	(Signature of Registered Agent)	4/10	1.105 (Date)	
If signing on be	thalf of an entity:		(state)	
Mikel Hutchir	•	Special Asst.	Secy.	
	(Typed or Printed Name)		(Capacity)	

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