P04000114195

Gina Marcus, DMD, PA
General Dentistry
2600 Douglas Road, Suite 907
Coral Gables, FL 33134
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Smith SEP 12 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gina Marcus, DMD, PA
(Name of corporation)

DOCUMENT NUMBER: 005A000053666

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:

Gina Marcus
(Name of contact person)

Gina Marcus, DMD, PA
(Firm/Company)

2600 S. Douglas Rd. #907
(Address)

Coral Gables, FL 33134
(City/state and zip code)

For further information concerning this matter, please call:

Gina Marcus at (305) 446-6655
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(6/04)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 24, 2005

GINA MARCUS, DMD, PA
2600 DOUGLAS RD STE 907
CORAL GABLES, FL 33134

SUBJECT: GINA MARCUS, DMD, P.A.
Ref. Number: P04000114195

We have received your document for GINA MARCUS, DMD, P.A. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of $35.

There is a balance due of $10.00.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 005A00053666

RECEIVED
05 SEP -9 AM 8:00
OF CORPORATIONS

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: Gina Marcus, DMD, PA

2. The principal office address: 2600 S. Douglas Rd #907
Coral Gables, FL 33134

3. The mailing address (if different):

4. Date of incorporation/qualification: 8/4/04 Document number: P04000114195

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Creations Network, Inc.
11380 Prosperity Farms Rd #221 E
Palm Beach Gardens, FL 33410

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TALLAHASSEE FLORIDA

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

Gina Marcus
2600 S. Douglas Rd #907
(P.O. Box NOT acceptable)
Coral Gables, FL 33134

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)

Gina Marcus, Owner/President
(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)

9-6-05
(Date)

If signing on behalf of an entity:

Gina Marcus, DMD, PA
(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