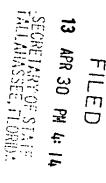
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COVER LETTER

Division of Corporations
SUBJECT: DENTAL ASSOCIATES OF FLORIDO ENTERRISES INC. Name of Corporation
DOCUMENT NUMBER: POS 0000 11735
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:
JUAN C BUITRAGO Name of Contact Person
DENTAL ASSOCIATES OF FLORIDA ENTERRISES, IN
963 N KROME AVE
HOMESTEAD, FL 33036 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARL M SUGARMAN ESQ at (305) 2536100 Name of Contact Person at (305) 2536100 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

TO:

Amendment Section

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: DENTAL ASSOCIATED OF FLORIDA ENTERPRISES, IN
2. The principal office address: 963 N KROME AVE HOMESTEAD, FL 33030
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/18/05 Document number: POScoop/1735
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)
JUAN D CARDENAS
11790 SW 89 St PS Z D
MIAMI, FL 33186
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JUAN C BUITRAGO
963 N KROWE AVE P.O. Box NOT acceptable
HOMESTEAD, FL 33030
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
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.
4/29/13
Signature of Registered Agent 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