

P0.5000089595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

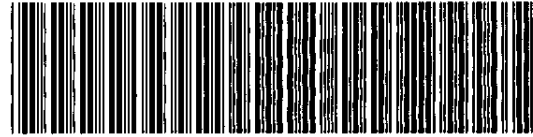
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000210146340

07/22/11--01016--002 **35.00

SECRETARY OF STATE
141 North Capitol
COLUMBIA, MO 65201

11 JUL 22 AM 9:51

FILED

RAChang

07/25/11

Dc



PAUL R. DONATELLI, D.M.D.

TO: Amendment Section
Division of Corporations

Orthodontics • Implants • Cosmetic Dentistry • Periodontal Surgery • Root Canal • Oral Surgery

SUBJECT: Paul R Donatelli Dmd PA
Name of Corporation

DOCUMENT NUMBER: POS000089595

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:

Paul R Donatelli
Name of Contact Person

Paul R Donatelli Dmd PA
Firm/Company

1441 Forest Hill Blvd Suite 300
Address

West Palm Beach FL 33406
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul R Donatelli at (561) 586-7502
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PAUL R. DONATELLI, D.M.D.
Public Law 107-295, Sections 607.502, 607.503, 607.504, 607.505, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of
Orthodontics • Implants • Cosmetic Dentistry • Periodontal Surgery • Root Canal • Oral Surgery
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Paul R. Donatelli DMD P.A.
2. The principal office address: 1441 Forest Hill Blvd Suite 300
West Palm Beach FL 33406
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-22-2005 Document number: AB5000089595
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)

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

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

Paul R. Donatelli
1441 Forest Hill Blvd Suite 300
West Palm Beach FL 33406
P.O. Box NOT acceptable

FILED
14 JUL 22 AM 9:51
SECRETARY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-19-2011 BY 60322 UCBAW

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.

Paul R. Donatelli President
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.

Paul R. Donatelli
Signature of Registered Agent
7-19-2011
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)

1441 Forest Hill Blvd. Suite # 300 - West Palm Beach, FL 33406
Phone: (561) 586-7502 Fax: (561) 547-7661 www.westpalmdental.com