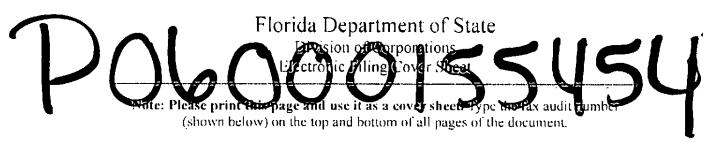
4/25/24, 11:26 AM

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (614)573-3996

*Enter	the	email	address	for	this	business	entity	to	be	used	for	fut	:uge
anr	nual	report	: mailin	gs.	Enter	only one	e email	add	res:	ple	ase.	* *	∑ં∙

Email Address:

REGISTERED AGENT CHANGE MANATEE DENTAL EAST, P.A.

Certificate of Status	0		
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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	provisions of se as ions 607.0502, 617.0, mge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of the	e State of Florida				
1. The name of	the corporation: MANATEE DENTAL	EAST, P.A.					
	office address: 3805 E STATE RD 64						
2. The principal	BRADENTON, FL 3420	8					
3. The mailing a	ddress (if different): 6240 Lake Osprey	Dr. Sarasota, FL 34240	<u> </u>				
4. Dateofincorpo	oration/qualification: 12/20/2006	Document number:	P06000155454				
5. The name and	d street address of the current registered timent of State: (1f resigned, enterresign	l agent and registered office					
	RUSSELL ALLEN						
	6240 Lake Osprey Dr						
	Sarasota, FL 34240		~··				
6. The name and street address of the new registered agent (if changed) and /or registered office FC (ifchanged): CT Corporation System							
	C T Corporation System		25				
	1200 South Pine Island Road						
	P.O. F Plantation, Florida 33324	lox NOT acceptable	PH 12: 01				
The street addre	ess of its registered office and the stree be identical.	et address of the business of	office of its registered agent.				
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors sotified in writing of the cl	s or by an officer so hange.				
/s/ KARA ł	KOROSEC	KARA KOROSEC, SECRETARY					
Signatui	re of an officer or director	Printed or type	d name and title				
I furthér agrée i of my dutiès, an document is bei	the appointment as registered agent of comply with the provisions of all stood I am familiar with and accept the of the filed merely to reflect a change in the control of this change in the control of the control of this change in the control of	atutes relative to the prope bligation of my position as the registered office addre	er and complete performance				
C 1 Corporation	System San Christ	04/10/2024					
Sign	nature of Registered Agent	Di	aic .				
If signing on be	half of an entity:						
SEAN L. EMER	ICK, ASSISTANT SECRETARY						
Ty	ped or Printed Name						
	* * * FILING F	FEE: \$35.00 * * *					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: