Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

ADI ATLANTIC DENTAL OF PUERTO RICO, INC.

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\$35.00

Electronic Filing Menu

bouthing Corporate Filing Menu

Help

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

Pursuant to the provisions of secti statement of change is submitted for					
in order to change its reg	sistered office or registe	red agent, or both, in the	State of Florida.		
1. The name of the corporation: A					
2. The principal office address: 2		n Bouldvard, Suite	950	 ,	_
Coral Gables, FL 3313	<u> </u>				_
3. The mailing address (if different	G:				_
4. Date of incorporation/qualification	ion: 11/19/2007	Document number:		000	
5. The name and street address of t Florida Department of State:	the current registered ag	gent and registered office	on file with the	8 VON	
Corporate Cr	eations Network,	Inc.	~~ - 20 -		j Pm
11380 Prospe	erity Farms Road,	#221E			Ľ
Palm Beach	Gardens, FL 334	10	93	5	-
6. The name and street address of t (if changed):	the new registered agent	t (if changed) and /or regi	stered office	Ψ.	
Corporation	Service Company				
1201 Hays S					
Tallahassee,	(P.O. Box NOT acceptable) FY 32301				
		uddress of the business o	———— flice of its registered a	icent	
The street address of its registered as changed will be identical.				Berri,	
Such change was authorized by re authorized by the board, or the co	rporation has been not	filed in writing of the ch	ange.		
Signature of an officer of direct	Sr)	Patricia C. Ma, Se	cretary		
I hereby accept the appointment of further agree to comply with the of my duties, and I am familiar with accument is being filed merely to corporation has been notified in vaccorporation. Service Capparation Service Capparation.	as registered agent and provisions of all statu ith and accept the obligations of the configuration of this change. Company		acity, r and complete perform registered agent. Or, s, I hereby confirm the	nance if this at the	
(Signature of Registered Ag	\$104)	(Dal	z)	_	
f signing o stendo Knight y: a 6 its agent					
(Typed or Printed Name)	A				٠
	WIND THE PROPERTY AND ADDRESS.	0. #4F AA + + +			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)