

PD8000091786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

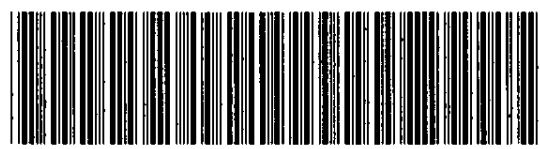
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 24 AM 10:22

T. Roberts JAN 28 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW SMILE DENTISTRY, PA
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Fitas MAROUF
(Name of Contact Person)

NEW SMILE DENTISTRY, PA
(Firm/Company)

620 W. State Rd 434
(Address)

Winter Spring, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Fitas MAROUF at (407) 327-0731
(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**

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: New Smile Dentistry, PA
2. The principal office address: 620 W State Rd 434
Winter Springs, FL 32708
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/09/2008 Document number: P08000091786

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)

Firas MAROUF DMD
1500 Woodlake Dr. NE # 203
Palm Bay FL 32905

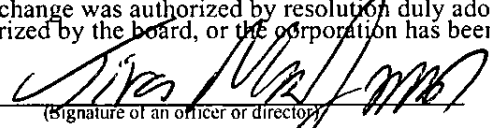
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Firas MAROUF DMD
620 W State Rd 434
(P.O. Box NOT acceptable)
Winter Springs, FL 32708

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SECRETARY OF CORPORATIONS
08 DEC 24 AM 10:22

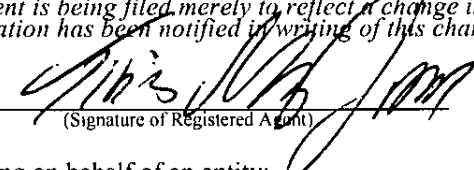
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Firas MAROUF DMD, 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)

12/01/2008
(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