

P09000028823

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DIVISION OF CORPORATIONS  
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*R.A. Chas*  
C.COULLETTE

FEB 10 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANCED SMILE INSTITUTE, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P09000028823

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:

ROBERT E. LENS  
Name of Contact Person

ADVANCED SMILE INSTITUTE, P.A.  
Firm/Company

1863 SW CAPRI STREET  
Address

PALM CITY FL 34990  
City/State and Zip Code

drbob6141@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY WEINSTOCK at ( 954 ) 728-1280  
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: ADVANCED SMILE INSTITUTE, P.A.
2. The principal office address: 1850 SW FOUNTAINVIEW BLVD, SUITE 101  
PORT ST LUCIE, FL 34986
3. The mailing address (if different): 1863 SW CAPRI STREET  
PALM CITY, FL 34990
4. Date of incorporation/qualification: 3/30/2009 Document number: P09000028823
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)

BDB AGENT CO.

5355 TOWN CENTER ROAD, SUITE 900

BOCA RATON, FL 33486

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

ROBERT E. LENS

1863 SW CAPRI STREET

P.O. Box NOT acceptable

PALM CITY, FL 34990

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

ROBERT E. LENS, 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

2/7/2011  
Date

If signing on behalf of an entity:

Robert Lens  
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

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