

P1000000 7074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

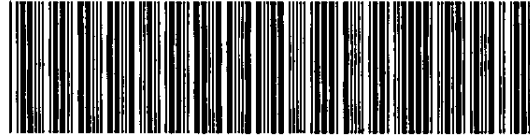
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR - 1 PM 1:56
SECTION OF STATE
DIVISION OF CORPORATIONS

C.L.
4-6-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dental Specialists of Central Florida Professional Association
Name of Corporation

DOCUMENT NUMBER: P10000007074

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:

Jason Ouellette

Name of Contact Person

Dental Specialists of Central Florida Professional Association

Firm/Company

455 Magnolia Avenue

Address

Merritt Island, Florida 32952

City/State and Zip Code

4bracesdro@gmail.com

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

For further information concerning this matter, please call:

Paul Ouellette

Name of Contact Person

at **404 983-2300**

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: Dental Specialists of Central Florida Professional Association
2. The principal office address: 455 Magnolia Avenue, Merritt Island, Florida 32952

3. The mailing address (if different): 210 Loraine Drive
Altamonte Springs, FL 32714

4. Date of incorporation/qualification: 01/25/2010 Document number: P10000007074

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)

Jason Ouellette

455 Magnolia Avenue

Merritt Island, FL 32952

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

Paul L. Ouellette


210 Loraine Drive, Suite 2

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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.

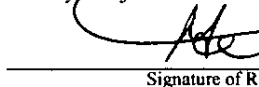


Signature of an officer or director

Jason Ouellette

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

03/30/2015

Date

If signing on behalf of an entity:

NA

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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