

P10000070282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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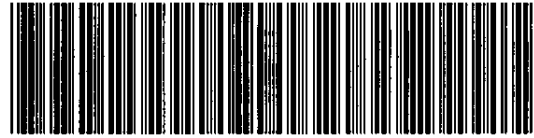
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A. Chong
C.COULLIETTE

OCT 05 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLUMBIA DENTAL CARE AND ASSOCIATES INC.
Name of Corporation

DOCUMENT NUMBER: P10000070282

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:

DANIEL ROSA SERRANO
Name of Contact Person

COLUMBIA DENTAL CARE AND ASSOCIATES INC.
Firm/Company

1135 WEST COLUMBIA AVENUE
Address

KISSIMMEE, FL 34741
City/State and Zip Code

daniel_boon33@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL ROSA SERRANO
Name of Contact Person

at (813) 482-2273
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: Columbia Dental Care and Associates, Inc.
2. The principal office address: 1135 West Columbia Avenue, Kissimmee, Florida 34741
3. The mailing address (if different): P. O. Box 422427
Kissimmee, FL 34742-2427
4. Date of incorporation/qualification: 8/26/2010 Document number: P10000070282
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)

Daniel Rosa Serrano

c/o 110 North Orlando Avenue Suite 8-2

Maitland, Florida 32751

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

Daniel Rosa Serrano

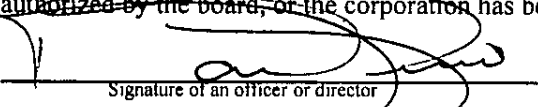
1135 West Columbia Avenue

P.O. Box NOT acceptable

Kissimmee, Florida 34741

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

Daniel Rosa Serrano, 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

09/30/2010
Date

If signing on behalf of an entity:

Daniel Rosa Serrano

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 (8/05)

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