## P13000088393

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## **COVER LETTER**

SUBJECT: MAGEE DENTAL INCORPORATED

Name of Corporation

DOCUMENT NUMBER: P130000 88393

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:

Roody B. LANIGAN, ESO.

Name of Contact Person

LANVIGAN + LANVIGAN , PL
Firm/Company

831 WEST MOZSE BOULEVARD

Address

WINTER PARK, FL. 32789
City/State and Zip Code

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

For further information concerning this matter, please call:

Rodoy B. Lanvigan, FSQ. at (407) 740-7379

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

CR2E045 (03/12)

TO:

Amendment Section

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

	gistered office or registered agent, or both, in the State of Florida.	
	MAGEE DENTAL INCOLPORATED	
. The principal office address:	5892 RED BUG LAKE ROAD	
	WINTER SPRINGS, FL. 32708	
. The mailing address (if different	nt):	
	P130660	188393
. Date of incorporation/qualifica	tion: 007, 29, 2013 Document number: 5,39,000 a	1613+
The name and street address of Florida Department of State: (I	fthe current registered agent and registered office on file with the fresigned, enter resigned)	
SPIEGE	L + ULTERA, P.A.	
1840 81	W BAND STREET, 44 FLOOR	
Miami	FLORIOR 33145	
i. The name and street address of (if changed):	fthe new registered agent (if changed) and /or registered office	
Paper	R LANGEAN ES O ERN MY 13	. (
	B. LANIGATY, ESQ. FBN 004133	<i>: (</i>
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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