P19000063099

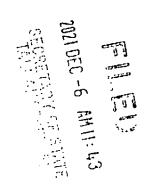
(Requestor's Name)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DENTISTS OF DORAL, PA				
Name of Corporation				
DOCUMENT NUMBER: P19000063099				
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
JOELLE CHURIK				
Name of Contact Person				
UNISEARCH, INC.				
Firm/Company				
1990 MAIN STREET, STE 750-709				
Address				
SARASOTA, FL 34236				
City/State and Zip Code				
UNISOP@UNISEARCH.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	call:			
	000			
JOELLE CHURIK	at (888)617-4478 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytinic Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $\frac{\Gamma}{\Gamma}$ in the State of Fig. 1. The change its registered office or registered agent, or both, in the State of Fig. 1.	L	<i></i>	_
1. The name of t	the corporation: DENTISTS OF DORAL, PA			
2. The principal	office address: TERRACE DORAL, FL 33126			_
3. The mailing a	address (if different): 17000 RED HILL AVENUE, IRVINE, CA 92614			
4. Date of incorp	poration/qualification: 17000 RED HILL AVENUE, IRVINE, CA 92614 Document number: P1900006	3099		<u>_</u>
5. The name and	d street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)			
	UNISEARCH, INC.			
	155 OFFICE PLAZA DRIVE	_		
	TALLAHASSEE, FL 32301	 	202	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	CRETARY	2021 DEC -6	77
	UNISEARCH, INC.	المراقع 1971 - ا	ĀM	
	1990 MAIN STREET, STE 750-709	7 SS -1 SS	AM 11: 43	
	P.O. Box NOT acceptable SARASOTA, FL 34236	775	డు	
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	s registe	red ag	ent,
	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.			
Signatu	re of an officer or director Printed or typed name and til	ile		_
l further agree of my duties, ar document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	iplete po d agent. by confir	erforme Or, if m that	ince this the
Sig	hature of Registered Agent Date			_
If signing on bo	chalf of an entity:			
JOELLE CHUR	IK, ASST. SECRETARY			
Т	yped 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