

To: FL Dept.
Subject: 0003 9.5884

From: Katie Wonsch

Tuesday, October 17, 2006 12:35 PM Page: 1 of 2

P95000090791

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0399.588

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06 OCT 17 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

CENTER FOR PREMIER DENTISTRY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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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: CENTER FOR PREMIER DENTISTRY, INC.
2. The principal office address: 3951 SWIFT ROAD, SARASOTA FL 34231
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/27/1995 Document number: P950000090791
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PREWETT, DANIEL L
5777 BENEVA RD S.
SARASOTA FL 34233

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

JOHNSON S. SAVARY, JR., ESQ.
DUNLAP & MORAN, P.A.
1990 MAIN STREET, SUITE 700
SARASOTA FL 34236

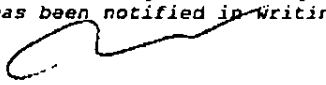
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


SCOTT C. DICKINSON

PRESIDENT

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.


JOHNSON S. SAVARY, JR., Registered Agent

10-3-06
(Date)

If signing on behalf of an entity:

Johnson S. Savary, Jr.

(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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