

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 10/10

100003420451--0  
-10/10/00--01065--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Corporation(s) Name

Dental Network, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC	<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> UBR	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Fictitious Name	<input checked="" type="checkbox"/> Ch. RA
<input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3		

\*\*\*Special Instructions\*\*

<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<small>( ) arts/ameds/mergers ( ) Other-See Above</small>		
<input checked="" type="checkbox"/> Walk in	<input checked="" type="checkbox"/> Pick-up	<input type="checkbox"/> Will Wait

FILED  
OCT 10 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
OCT 10 AM 11:02  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Please Return Filed Stamped  
Copies To:

Carol Clark

Thank You!

Q. COULLIETTE OCT 10 2000

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Dental Network, Inc

2. The mailing address of the corporation is:

100 Mansell Court East, Suite 400, Roswell, GA 30076

3. Date of incorporation/qualification: 3-5-97

Document number: P97000021047

4. The name and address of the current registered agent and office:

Shue, Henry C. Tie

5775 Blue Lagoon Dr Ste 400

Miami, FL 33126

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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.

Kamm  
(Signature of an officer, chairman or vice chairman of the board)

9/22/00  
(Date)

Bruce A. Mitchell, Secretary  
(Printed or typed name and title)

9/22/00  
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Dale W. Morris  
(Signature of Registered Agent)

10/9/00  
(Date)

If signing on behalf of an entity:

**DALE W. MORRIS**  
**ASSISTANT VICE PRESIDENT**

(Typed or Printed Name)

(Capacity)

CR2E045(4/95)

FILING FEE: \$35.00