

P97000037083

Atlantic Dental Inc.

Requester's Name

52600

2801 Ponce de Leon Blvd.

Address

Coral Gables, FL 33134

City/State/Zip

Phone #

800005637648--8

-05/29/02--01041--015

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
02 JUN 10 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO change
Examiner's Initials 10414
102



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 3, 2002

ATLANIC DENTAL INC.
2801 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134

SUBJECT: HEALTHCARE ATLANTIC, INC.
Ref. Number: P97000037083

We have received your document for HEALTHCARE ATLANTIC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 702A00035828

** corrected material
6/7/02*

RECEIVED
02 JUN 10 AM 8:18
DIVISION OF CORPORATIONS

**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 : Healthcare Atlantic, Inc.
2. The mailing address of the corporation : 2801 Ponce de Leon Boulevard,
Suite 600, Coral Gables, FL 33134
3. Date of incorporation/qualification: 4/25/1997 Document number: P97000037083
4. The name and address of the current registered agent and office:

Corporation Service Company
1201 HAYS ST.
Tallahassee, FL 32301-2525

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)

Leila Chang
2801 Ponce de Leon Blvd, Suite 600
Coral Gables, FL 33134

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.

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

5/10/02
(Date)

Leila Chang President/CEO
(Printed or typed name and title)

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.

[Signature]
(Signature of Registered Agent)

5/10/02
(Date)

If signing on behalf of an entity:

Leila Chang
(Typed or Printed Name)

President/CEO
(Capacity)

* * * FILING FEE: \$35.00 * * *

FILED
02 JUN 10 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA