

P99000038447

Requester's Name

MILANI + ASSOC DENTAL, P.A.
7041 MIAMI LAKEWAY, S.
MIAMI LAKES FL 33014

Office Use Only

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

1. _____
(Corporation Name) (Document #) 400003210114--5
-04/17/00--01006--026
*****35.00 *****35.00
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 14 PM 5:57

R.A. Change

Examiner's Initials

LFT

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: MILANI & ASSOCIATES DENTAL, P.A.

2. The mailing address of the corporation is: 7041 MIAMI LAKEWAY, S.
MIAMI LAKES, FL 33014

3. Date of incorporation/qualification: 4-27-99 Document number: P99000038447

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

MASOUDREZA A. MILANI, DMD
7900 NW 27 AVE, SUITE 296
MIAMI, FL 33147

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

MASOUDREZA A. MILANI, DMD
7041 MIAMI LAKEWAY, S.
MIAMI LAKES FL 33014

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.

Masoud A. Milani
(Signature of an officer, chairman or vice chairman of the board)

4-10-00
(Date)

MASOUDREZA A. MILANI, DMD - PRESIDENT
(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.

Masoud A. Milani
(Signature of Registered Agent)

4-10-00
(Date)

If signing on behalf of an entity:

MASOUDREZA A. MILANI, DMD
(Typed or Printed Name)

PRESIDENT
(Capacity)

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

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