## P99000106882 Document Number Only Strategy

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

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## Florida Department of State, Jim Smith, Secretary of State

## 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.  1a. The name of the corporation is: Central Florida Medical Services, Inc.
. a. The hame of the corporation is. dentital registral medical services, inc.
1b. Date of incorporation December 10, 1999 Document number 19900 16882
2. The name and address of the current registered agent and office:
Speigel & Utrera, P.A.
343 Almeria Ave., Coral Gables, FL334134
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332
The street address of its registered agent 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.    Compared to the content of the business 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
DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 BY: Mary R. alance
DATE 15 2000 MARY & ADAMS
Division of Corporations, P.O. Box 6327, Tallahassee, SEISTANT SECRETAR
CR2E045 (7-91) Filing Fee: \$35.00
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(FLA. - 2194 - 3/4/92)