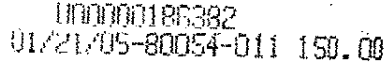
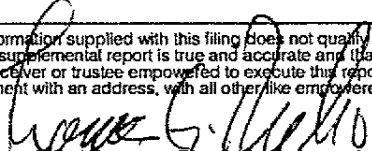


FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S09775 1. Entity Name DENTAL OFFICE PROPERTIES, INC.				Jan 20, 2005 08:00 A Secretary of State	
Principal Place of Business 703 DEL WEBB BLVD. SUN CITY CENTER, FL 33573-5258		Mailing Address 703 DEL WEBB BLVD. SUN CITY CENTER, FL 33573-5258			
DO NOT WRITE IN THIS SPACE					
				01142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0233361		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRICKSON, ROBERT W., III 1206 MANATEE AVENUE WEST BRADENTON, FL 34205				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D EASTMAN, LINDSAY B. 1906 G 59TH ST. WEST BRADENTON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D TOMEI, CHARLES A. 1906 D 59TH ST. WEST BRADENTON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D THOMPSON, WILLIAM J. 4008 9TH AVE. WEST BRADENTON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		THOMAS RUBIN		1-14-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	