

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 634976

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** MAUTNER, D.D.S. & OPPENHEIMER, D.D.S., P.A.

**Current Principal Place of Business:**

2999 NE 191TH ST  
602  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191TH ST  
602  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 59-1947135      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAUTNER, RICHARD  
3201 NE 183RD STREET  
APT 2408  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: RICHARD MAUTNER DDS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OPPENHEIMER, STEVEN  
Address: 4645 NO. BAY ROAD  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: OPPENHEIMER, STEVEN  
Address: 4645 NO. BAY ROAD  
City-St-Zip: MIAMI BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MAUTNER, DDS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/09/2009

\_\_\_\_\_  
Date