

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000027366

Entity Name: MTA DENTAL, LLC

FILED  
Oct 12, 2012  
Secretary of State

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD STE 1000  
CORAL GALBES, FL 33134

**New Principal Place of Business:**

6268 W SAMPLE ROAD  
UNIT 401  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

2100 PONCE DE LEON BLVD STE 1000  
CORAL GALBES, FL 33134

**New Mailing Address:**

6268 W SAMPLE ROAD  
UNIT 401  
CORAL SPRINGS, FL 33067

FEI Number: 27-5337826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THE MEDI-LAW FIRM  
2100 PONCE DE LEON BLVD STE 1000  
CORAL GABLES, FL 33134 US

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

ALPHA DENTAL PRACTICE  
6268 W SAMPLE ROAD  
UNIT 401  
CORAL SPRINGS, FL 33067 US

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: MAYA GEORGES ASSI

10/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASSI, MAYA G  
Address: 6268 W SAMPLE ROAD, UNIT 401  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM  
Name: ASSI, TAREK  
Address: 6268 W SAMPLE ROAD , UNIT 401  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAYA GEORGES ASSI

MGRM

10/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date