

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000073608

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** RYAN J. DONOVAN, DMD, MS, PA

**Current Principal Place of Business:**

16312 CROWN ARBOR WAY  
NO. 201  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

14361 METROPOLIS AVENUE  
SUITE #3  
FORT MYERS, FL 33912 US

**Current Mailing Address:**

16312 CROWN ARBOR WAY  
NO. 201  
FORT MYERS, FL 33908 US

**New Mailing Address:**

14361 METROPOLIS AVENUE  
SUITE #3  
FORT MYERS, FL 33912 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DONOVAN, RYAN J  
16312 CROWN ARBOR WAY  
NO. 201  
FORT MYERS, FL 33908 US

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

DONOVAN, RYAN J  
9513 LASSEN COURT  
FORT MYERS, FL 33919 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: RYAN DONOVAN

04/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DONOVAN, RYAN J  
Address: 9513 LASSEN COURT  
City-St-Zip: FORT MYERS, FL 33919 US

I hereby 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 all other like empowered.

SIGNATURE: RYAN DONOVAN

PRES

04/02/2012

Electronic Signature of Signing Officer or Director

Date