

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000098922

**FILED**  
**Nov 17, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL CARE OF TAMPA, P.A.

**Current Principal Place of Business:**

3716 NEPTUNE ST.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

1 S. SCHOOL AVENUE  
SUITE 1000  
SARASOTA, FL 34237

**New Mailing Address:**

6240 LAKE OSPREY DR.  
SARASOTA, FL 34240

**FEI Number:** 65-0795713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLS, DAVID P  
1 S. SCHOOL AVE, STE 1000  
SARASOTA, FL 34237 US

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

NICHOLS, DAVID P  
6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 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:** DAVID NICHOLS

11/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CHILDERS, MICHAEL  
**Address:** 6240 LAKE OSPREY DR.  
**City-St-Zip:** SARASOTA, FL 34240

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:** DAVID NICHOLS

CFO

11/17/2011

Electronic Signature of Signing Officer or Director

Date