

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 23, 2005
Secretary of State**

DOCUMENT# P99000050966

Entity Name: A.A. PRIME CARE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

9208 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9208 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3565224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALNITI, DANIEL P
9208 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32225 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: DANIEL ALNITI

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: P () Delete
Name: ALNITI, DANIEL P D.D.S.
Address: 9208 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL ALNITI

Electronic Signature of Signing Officer or Director

P.

03/23/2005

Date