


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 547962		
1. Entity Name J. MILTON MCKNIGHT, D.D.S., P.A.		

Principal Place of Business 3599 UNIVERSITY BLVD S. SUITE 102 JACKSONVILLE, FL 32216	Mailing Address 3599 UNIVERSITY BLVD S. SUITE 102 JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 3599 University Blvd S	3. Mailing Address S-102
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Suite, Apt. #, etc. 102	Suite, Apt. #, etc.
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City & State Jacksonville Fla	City & State
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Zip 32216	Country Duval	Zip 32216	Country Duval
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6. Name and Address of Current Registered Agent			
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MCKNIGHT, J. MILTON 3599 UNIVERSITY BLVD S. SUITE 102 JACKSONVILLE, FL 32216	Holtbrook, Akeel Cole & Ray 301 Independent Drive Jacksonville FL 32216
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7. Name and Address of New Registered Agent			
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8. 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. I am familiar with, and accept the obligations of registered agent.			
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SIGNATURE Kethen Coed	DATE 11/19/07
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FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCKNIGHT, J. MILTON 3599 UNIVERSITY BLVD S. JACKSONVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112511657 11/21/07--01044--012 **1508.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: J. Milton McKnight	DATE 11-12-07
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