

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 713844

FILED  
Jun 03, 2010  
Secretary of State

**Entity Name:** NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

2028 BOULEVARD  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

3733 UNIVERSITY BLVD. W.  
SUITE 205  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

2028 BOULEVARD  
JACKSONVILLE, FL 32206

**New Mailing Address:**

3733 UNIVERSITY BLVD. W.  
SUITE 205  
JACKSONVILLE, FL 32217

**FEI Number:** 51-0141516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLENS, RICK D  
3215 HENDRICKS AVE  
#1  
JACKSONVILLE, FL 32207 US

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

MULLENS, RICK C  
3215 HENDRICKS AVE  
#1  
JACKSONVILLE, FL 32207 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: RICK C. MULLENS

06/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHANATRY, MIKE  
Address: 3595 CARDINAL POINT DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD  
Name: RICK, STEVENSON  
Address: 6851 BELFORT OAKS PL  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P  
Name: MARGARET, LESSIG  
Address: 1520 BUSINESS CENTER DR. #1  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: TD  
Name: STEVENSON, RICHARD  
Address: 6851 BELFORT OAKS PL  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V  
Name: MICHAEL, CHANATRY  
Address: 3595 CARDINAL POINT DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TR  
Name: MULLENS, RICK C  
Address: 3215 HENDRICKS AVE #1  
City-St-Zip: JACKSONVILLE, FL 32207

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICK C. MULLENS

TR

06/03/2010

Electronic Signature of Signing Officer or Director

Date