

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747424

FILED  
Sep 12, 2010  
Secretary of State

**Entity Name:** THE FLORIDA ACADEMY OF DENTAL PRACTICE ADMINISTRATION INC.

**Current Principal Place of Business:**

2902 TIMBER KNOLL DR  
VALRICO, FL 33594

**New Principal Place of Business:**

2902 TIMBER KNOLL DR  
VALRICO, FL 33596

**Current Mailing Address:**

2902 TIMBER KNOLL DR  
VALRICO, FL 33594

**New Mailing Address:**

P.O. BOX 2920  
BRANDON, FL 33509

**FEI Number:** 59-1962328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PELLARIN, ROBERT D DR  
201 MORAY LANE  
WINTER PARK, FL 32792 US

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

WIMBERLY, SHARON A  
2902 TIMBER KNOLL DR.  
VALRICO, FL 33596 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: SHARON A. WIMBERLY

09/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WILLIAMS, MARCUS O DMD  
Address: 201 MAITLAND AVE, STE. 1013  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DPE  
Name: CARAZOLA, JAMES L DMD  
Address: 3003 ENTERPRISE ROAD E.  
City-St-Zip: CLEARWATER, FL 33759

Title: DVP  
Name: STEVENSON, RICHARD DDS  
Address: 6851 BELFORT OAKS PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS  
Name: RITOTA, JOHN P DDS  
Address: 3401 S. FEDERAL HWY.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT  
Name: DORRIS, GEORGE B JR, DDS  
Address: 1115 EGLIN PKWY.  
City-St-Zip: SHALIMAR, FL 32579

Title: ED  
Name: WIMBERLY, SHARON A  
Address: 2902 TIMBER KNOLL DR  
City-St-Zip: VALRICO, FL 33596

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: SHARON A. WIMBERLY

ED

09/12/2010

Electronic Signature of Signing Officer or Director

Date