

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F49300

FILED
Sep 18, 2013
Secretary of State

Entity Name: L. WAYNE ROBBEN, D.D.S., P.A.

Current Principal Place of Business:

%L WAYNE ROBBEN DDS
3000 N ATLANTIC AVE
COCOA BCH, FL 32931

New Principal Place of Business:

%L WAYNE ROBBEN DDS
3000 N ATLANTIC AVE, STE 103
COCOA BCH, FL 32931

Current Mailing Address:

%L WAYNE ROBBEN DDS
3000 N ATLANTIC AVE
COCOA BCH, FL 32931

New Mailing Address:

%L WAYNE ROBBEN DDS
3000 N ATLANTIC AVE, STE 103
COCOA BCH, FL 32931

FEI Number: 59-2109352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBEN, L WAYNE, D.D.S.
3000 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931 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: L. WAYNE ROBBEN, DDS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ROBBEN, L WAYNE DDS
Address: 18 FAIRWAY DRIVE
City-St-Zip: COCOA BEACH, FL 32931 US

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: L. WAYNE ROBBEN, DDS

OWNE

09/18/2013

Electronic Signature of Signing Officer or Director

Date