

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F85730

FILED  
Oct 12, 2005  
Secretary of State

Entity Name: ROBERT C. MACDONALD, D.D.S. P.A.

## Current Principal Place of Business:

2388 IMMOKALEE RD  
NAPLES, FL 34110

## New Principal Place of Business:

2388 IMMOKALEE RD  
NAPLES, FL 34110 US

## Current Mailing Address:

2388 IMMOKALEE RD  
NAPLES, FL 34110

## New Mailing Address:

FEI Number: 59-2226141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACDONALD, ROBERT C.  
2388 IMMOKALEE RD  
NAPLES, FL 34110 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: LLYOD FIEHLER CPA

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: MACDONALD, ROBERT C.,  
Address: 2388 IMMOKALEE RD  
City-St-Zip: NAPLES FL,

Title: V ( ) Delete  
Name: MACDONALD, CAROLE  
Address: 511 LAKE LOUISE CIR  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT C. MACDONALD DDS PA

PRES

10/12/2005

Electronic Signature of Signing Officer or Director

Date