

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K31068

FILED
Dec 13, 2011
Secretary of State

Entity Name: WILLIAM F. ROBINSON, D.D.S., P.A.

Current Principal Place of Business:

% WILLIAM F. ROBINSON
1502 W. FLETCHER AVE., SUITE 117
TAMPA, FL 33612 US

New Principal Place of Business:

% WILLIAM F. ROBINSON DDS
1502 W. FLETCHER AVE., SUITE 117
TAMPA, FL 33612 US

Current Mailing Address:

% WILLIAM F. ROBINSON
1502 W. FLETCHER AVE., SUITE 117
TAMPA, FL 33612 US

New Mailing Address:

% WILLIAM F. ROBINSON DDS
1502 W. FLETCHER AVE., SUITE 117
TAMPA, FL 33612 US

FEI Number: 65-0069283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, WILLIAM F.
1502 W. FLETCHER AVENUE, SUITE 117
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

ROBINSON, WILLIAM F.
1502 W. FLETCHER AVENUE, SUITE 117
SUITE 117
TAMPA, FL 33612 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: WILLIAM F ROBINSON DDS

12/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ROBINSON, WILLIAM F.
Address: 1502 W FLETCHER AVE, 117
City-St-Zip: TAMPA, FL 33612

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: WILLIAM F ROBINSON DDS

PRES

12/13/2011

Electronic Signature of Signing Officer or Director

Date