2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000002223

FILED Oct 11, 2009 Secretary of State

Entity Name: INSTITUTIONAL DENTAL SERVICES OF SOUTHWEST FLORIDA, PL

Current Principal Place of Business: New Principal Place of Business:

28 CATALPA COURT 9411 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

28 CATALPA COURT 9411 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 US

FEI Number: 65-0992850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HINES, JAMES P ESQ HINES NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606 US HERSCH, CRAIG R 9100 COLLEGE POINT COURT FORT MYERS, FL 33919 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: CRAIG R. HERSCH 10/11/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GRUMBACH, PAUL G D.D.S.
 Name:

 Address:
 28 CATALPA COURT
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL G. GRUMBACH MGR 10/11/2009