

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000032187

FILED
Oct 10, 2007
Secretary of State

Entity Name: FAMILY DENTAL CARE AND ORTHODONTICS, LLC

Current Principal Place of Business:

1325 N.E. 42ND STREET
OCALA, FL 34479

New Principal Place of Business:

1325 NE 42ND STREET
OCALA, FL 34479 US

Current Mailing Address:

1325 N.E. 42ND STREET
OCALA, FL 34479

New Mailing Address:

1325 NE 42ND STREET
OCALA, FL 34479 US

FEI Number: 06-1664667 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HOWARD, DAVID R
959 N.W. 155TH STREET
CITRA, FL 32113 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: DAVID R. HOWARD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HOWARD, DAVID R
Address: 959 NW 155TH ST.
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWARD, DAVID R
Address: 959 NW 155TH ST.
City-St-Zip: CITRA, FL 32113 US

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: DAVID R. HOWARD

MGRM

10/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date