

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000006950

1. Entity Name
SOUTHERN CORRECTIONAL DENTAL ASSOCIATES,
LLC



FILED
04 OCT 20 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1100 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308

Mailing Address
1100 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182004 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNAL, BRYAN L
4225 POINT LA VISTA ROAD WEST
JACKSONVILLE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE *mgr*
NAME *Edward R. Scott, II*
STREET ADDRESS *1100 E. Tennessee St.*
CITY-ST-ZIP *Tallahassee, FL 32308*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900042018789
10/20/04--01051--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

REINSTATEMENT

2004

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Authorized agent 10-18-04 904-359-7754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #