

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000006955

1. Entity Name
CORRECTIONAL DENTAL ASSOCIATES, LLC



FILED

04 OCT 20 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 32207

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 _____ (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 NAME ☐ Delete
mgr Edward R. Scott, II
STREET ADDRESS 1100 E. Tennessee St.
CITY-ST-ZIP Tallahassee, FL 32308

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100042018841
CITY-ST-ZIP 10/20/04--01051--006 **150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: B. L. Scott, II, authorized agent 10-18-04

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

904-359-7754

Date Daytime Phone #

REINSTATEMENT 2004