

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000032845

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC ENDODONTICS, LLC

**Current Principal Place of Business:**

2830 S.E. FEDERAL HIGHWAY  
STUART, FL 34494

**New Principal Place of Business:**

**Current Mailing Address:**

9798 S.E. OSPREY POINTE DR  
HOBE SOUND, FL 33455

**New Mailing Address:**

2830 S.E. FEDERAL HIGHWAY  
STUART, FL 34494

**FEI Number:** 20-0211797      **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:**

MOST, DOUGLAS S DR  
9798 S.E. OSPREY POINTE DR  
HOBE SOUND, FL 33455    US

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

MOST, DOUGLAS S DR  
2830 S.E. FEDERAL HWY  
STUART, FL 34994    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: DOUGLAS S MOST, DDS

02/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MOST, DOUGLAS S D.D.S.  
**Address:** 74 N SEWALLS PT RD  
**City-St-Zip:** SEWALLS POINT, FL 34996

I hereby 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: DOUGLAS S MOST, DDS

MGR

02/05/2010

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