

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000091864

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** DADELAND DENTAL SPECIALISTS, LLC

**Current Principal Place of Business:**

7887 SW 88 STREET  
#103  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NE MIAMI GARDENS DRIVE  
#101  
MIAMI, FL 33179 US

**New Mailing Address:**

**FEI Number:** 20-0111053      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CASTHELY ORTHODONTICS, PA  
1400 NE MIAMI GARDENS DRIVE  
#101  
MIAMI, FL 33179 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:** DR. F. LUCIE CASTHELY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CASTHELY ORTHODONTICS, PA  
**Address:** 1400 NE MIAMI GARDENS DRIVE  
**City-St-Zip:** MIAMI, FL 33179 US

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:** F. LUCIE CASTHELY

DR.

03/05/2012

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