2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 04, 2006
Secretary of State

DOCUMENT# L05000006130

Entity Name: WEST ORANGE DENTISTRY LLC

Current Principal Place of Business:

740 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

7009 DR. PHILLIPS BLVD
STE 200
ORLANDO, FL 32819

Current Mailing Address:

740 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787

New Mailing Address:

7009 DR. PHILLIPS BLVD
STE 200
ORLANDO, FL 32819

FEI Number: 20-2613407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BANJI, AWOSIKA DR
740 S. DILLIARD ST
WINTER GARDEN, FL 34787 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: BANJI AWOSIKA 12/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: TEJUMADE, AWOSIKA DR
Address: 7009 DR PHILLIPS BLVD STE 200
City-St-Zip: ORLANDO, FL 32819 51

I hereby certify that the information supplied with this filing does not qualify for the 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: TEJUMADE AWOSIKA PRES 12/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date