

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000031275

Entity Name: HALLMARK DENTAL, LLC

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

1014 BUENAVENTURA BLVD
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

1014 BUENAVENTURA BLVD
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-2638581 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:

MARTIN, MIRTHA V CPA
420 S COUNTRY CLUB ROAD
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

OLMOS, RODOLFO DR
1014 BUENAVENTURA BLVD
KISSIMMEE, FL 34743 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: DR. RODOLFO OLMOS

03/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAMSA, EBRAHIM H
Address: 1014 BUENAVENTURA BLVD
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM () Delete
Name: OLMOS, RODOLFO
Address: 1014 BUENAVENTURA BLVD
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: OLMOS, RODOLFO DR
Address: 1014 BUENAVENTURA BLVD
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify 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: DR. RODOLFO OLMOS

MGRM

03/19/2008

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