

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000117942

**FILED**  
**Dec 16, 2011**  
**Secretary of State**

**Entity Name:** HEIDAMI DENTAL CENTER LLC

**Current Principal Place of Business:**

2326 FRANKFORD AVENUE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

4644 BAYWOOD DRIVE  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

2326 FRANKFORD AVENUE  
PANAMA CITY, FL 32405 US

**FEI Number:** 84-1699882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HEIDAMI, RAMI M DMD  
4644 BAYWOOD DR.  
LYNN HAVEN, FL 32444 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: RMH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR.  
Name: HEIDAMI, RAMI M DMD  
Address: 4644 BAYWOOD DR  
City-St-Zip: LYNN HAVEN, FL 32444 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: RMH

MGR

12/16/2011

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