2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000001022

Address:

City-St-Zip:

501 AVELLINO ISLES CIRCLE

NAPLES, FL 34119

FILED Oct 23, 2007 Secretary of State

Entity Name: ADVANCED DENTAL SPECIALTIES OF NAPLES, LLC

New Principal Place of Business: Current Principal Place of Business: 1855 VETERANS PARK DRIVE SUITE 201 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 1855 VETERANS PARK DRIVE SUITE 201 NAPLES, FL 34109 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: RESNIK, RANDOLPH R 1855 VÉTERANS PARK DRIVE SUITE 201 NAPLES, FL 34109 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: RANDOLPH R. RESNIK Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RESNIK, RANDOLPH R Name: Name: Address: 1855 VETERANS PARK DRIVE, SUITE 201 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CANCELLIERE, JOHN Name:

Address:

City-St-Zip:

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: RANDOLPH R. RESNIK MANA 10/23/2007