

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000001194

FILED
Jan 13, 2011
Secretary of State

Entity Name: BOULEVARD DENTAL ASSOCIATES, LLC

Current Principal Place of Business:

10794 PINES BLVD.
SUITE 204
PEMBROKE PINES, F 33026 US

New Principal Place of Business:

Current Mailing Address:

10794 PINES BLVD.
SUITE 204
PEMBROKE PINES, F 33026 US

New Mailing Address:

FEI Number: 20-4038856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AURRECOECHEA, RAFAEL D.D.S
17942 SW 35TH CT.
MIRAMAR, FL 33029 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: RAFAEL AURRECOECHEA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RAFAEL AURRECOECHEA D.D.S., P.A.
Address: 5370 PALM AVE, STE 4
City-St-Zip: HIALEAH, FL 33012 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: RAFAEL AURRECOECHEA

MGRM

01/13/2011

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