

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000072695

FILED
Jun 20, 2008
Secretary of State

Entity Name: WEST COAST DENTAL PARTNERS, PL

Current Principal Place of Business:

16633 IVY LAKE DRIVE
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

16633 IVY LAKE DRIVE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

PATEL, SACHIN K
16633 IVY LAKE DRIVE
ODESSA, FL 33556 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: SACHIN PATEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: PATEL, MILI D
Address: 16633 IVY LAKE DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: () Change () Addition
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: SACHIN PATEL

MGR

06/20/2008

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