

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000004375

**FILED**  
**May 13, 2014**  
**Secretary of State**

**Entity Name:** WEST ORANGE DENTAL GROUP, LLC

**Current Principal Place of Business:**

217 N. KIRKMAN ROAD STE 3  
ORLANDO, FL 32811

**New Principal Place of Business:**

7450 DR PHILLIPS BLVD  
215  
ORLANDO, FL 32819

**Current Mailing Address:**

217 N. KIRKMAN ROAD STE 3  
ORLANDO, FL 32811

**New Mailing Address:**

7450 DR PHILLIPS BLVD  
215  
ORLANDO, FL 32819

**FEI Number:** 20-8218395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ST. MATTHEW-DANIEL, TEJUMADE  
217 N. KIRKMAN ROAD STE 3  
ORLANDO, FL 32811 US

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

ST. MATTHEW-DANIEL, TEJUMADE  
7450 DR PHILLIPS BLVD  
215  
ORLANDO, FL 32819 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: TEJUMADE ST MATTHEW DANIEL

05/13/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM

Name: ST. MATTHEW-DANIEL, TEJUMADE

Address: 7450 DR PHILLIPS BLVD, STE 215

City-St-Zip: ORLANDO, FL 32819

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: TEJUMADE ST MATTHEW DANIEL

DR

05/13/2014

Electronic Signature of Authorized Person

Date