## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L07000015381

Entity Name: INTEGRITY DENTAL ARTS LLC

FILED Jul 09, 2009 Secretary of State

| Current Principal Place of Business:   | New Principal Place of Business:   |
|--|--|
| 3601 SW 2ND AVENUE   |  |
| GAINESVILLE, FL 32607  |  |
| Current Mailing Address:   | New Mailing Address:   |
| 5200 NW 43RD STREET<br>SUITE 102, # 262<br>GAINESVILLE, FL 32606   |  |
| FEI Number: 20-8414078 FEI Number Applied For ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability con Name and Address of Current Registered Agent: | FEI Number Not Applicable ( ) Certificate of Status Desired ( ) npany did not receive the prior notice.  Name and Address of New Registered Agent: |
| Name and Address of Current Registered Agent.  | Name and Address of New Registered Agent.  |
| DORSEY, RAYMOND J<br>5400 NW 39TH AVENUE<br>DD283<br>GAINESVILLE, FL 32606 US  |  |
| The above named entity submits this statement for the $\ensuremath{\text{p}}$ in the State of Florida.   | ourpose of changing its registered office or registered agent, or both   |
| SIGNATURE: RAYMOND J DORSEY  |  |
| Electronic Signature of Registered Age   | ent Date   |
| MANAGING MEMBERS/MANAGERS:   | ADDITIONS/CHANGES:   |

MGR ( ) Delete () Change () Addition

MGR ( ) Deloca DORSEY, RAYMOND J Name: Name: 5400 NW 39TH AVENUE DD283 Address: Address: City-St-Zip: GAINESVILLE, FL 32606 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: RAYMOND J DORSEY 07/09/2009