

**2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 13, 2010  
Secretary of State**

DOCUMENT# L07000029662

**Entity Name:** TRUE HART DENTAL PLLC

**Current Principal Place of Business:**

8615 SW 103RD ST. RD  
SUITE A  
OCALA, FL 34481 US

**New Principal Place of Business:**

**Current Mailing Address:**

8615 SW 103RD ST. RD.  
SUITE A  
OCALA, FL 34481 US

**New Mailing Address:**

8615 SW 103RD ST. RD  
SUITE A  
OCALA, FL 34481 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

HARTER, THOMAS W  
8615 SW 103RD ST. RD.  
SUITE A  
OCALA, FL 34481 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: THOMAS W. HARTER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARTER, THOMAS W  
Address: 8615 SW 103RD ST. RD.  
City-St-Zip: Ocala, FL 34481 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: THOMAS W. HARTER

MGRM

12/13/2010

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