

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000068537

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** CUTLER BAY DENTAL ASSOCIATES, P.L.L.C.

**Current Principal Place of Business:**

20335 OLD CUTLER ROAD  
SUITE 200  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

20335 OLD CUTLER ROAD  
SUITE 200  
MIAMI, FL 33189 US

**New Mailing Address:**

5480 MCGINNIS VILLAGE PLACE  
SUITE 101  
ALPHARETTA, GA 30005 US

FEI Number: 26-0496400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPELIOS, LOUIS G DMD  
20335 OLD CUTLER ROAD  
SUITE 200  
MIAMI, FL 33189 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: LOUIS SPELIOS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: SPELIOS, LOUIS G DMD  
Address: 20335 OLD CUTLER ROAD, STE 200  
City-St-Zip: MIAMI, FL 33189 US

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: LOUIS G SPELIOS

CEO

03/20/2009

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