

**2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000056324

**FILED  
Jan 14, 2010  
Secretary of State**

**Entity Name:** PYG DENTAL MANAGEMENT LLC

**Current Principal Place of Business:**

1600 N. STATE ROAD 7  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

1600 N. STATE ROAD 7  
LAUDERHILL, FL 33313

**New Mailing Address:**

1600 N. STATE ROAD 7  
STE 400  
LAUDERHILL, FL 33313

**FEI Number:** 26-2763541      **FEI Number Applied For ( )**      **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:**

MONIQUE TRONCONE CPA P.A.  
55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432 US

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

GANGI, PETER  
1600 N. STATE ROAD 7  
STE 400  
LAUDERHILL, FL 33313 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: PETER GANGI

01/14/2010

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GANGI, PETER  
Address: 1600 N. STATE ROAD 7, STE 400  
City-St-Zip: LAUDERHILL, FL 33313

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: PETER GANGI

MGRM

01/14/2010

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