

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000091353

Entity Name: SEACREST DENTAL, LLC

FILED
Oct 09, 2010
Secretary of State

Current Principal Place of Business:

5399 E. COUNTY HIGHWAY 30A
SUITE 1&2
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5399 E. COUNTY HIGHWAY 30A
SUITE 1&2
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5399 SCENIC HIGHWAY 30-A
SUITE 1&2
SEAGROVE BEACH, FL 32459 US

New Mailing Address:

5399 SCENIC HIGHWAY 30-A
SUITE 1&2
SEAGROVE BEACH, FL 32459 US

FEI Number: 26-3442853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, MICHAEL T
141 MACK BAYOU LOOP
SUITE 302
SANTA ROSA BEACH, FL 32459 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: MICHAEL T LAWSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RUDER, FRED E
Address: 5399 SCENIC HIGHWAY 30-A - SUITE 1&2
City-St-Zip: SEAGROVE BEACH, FL 32459 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: FRED RUDER M

MGRM

10/09/2010

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