

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000083036

Entity Name: ASAP DENTAL CARE, LLC

FILED
Oct 05, 2010
Secretary of State

Current Principal Place of Business:

7645 GATE PARKWAY
SUITE 103
JACKSONVILLE, FL 32256 US

Current Mailing Address:

10986 WOOD EDEN COURT
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 702
JACKSONVILLE, FL 32216 US

New Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 702
JACKSONVILLE, FL 32216 US

FEI Number: 27-0814354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURSONOFF, TIM
10986 WOOD EDEN COURT
JACKSONVILLE, FL 32256 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: TIM TURSONOFF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TURSONOFF, TIM
Address: 10986 WOOD EDEN COURT
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR
Name: TURSONOFF, ANGELLA
Address: 10986 WOOD EDEN COURT
City-St-Zip: JACKSONVILLE, FL 32256 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: TIM TURSONOFF

MM

10/05/2010

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