

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000123855

**FILED**  
**Oct 24, 2013**  
**Secretary of State**

**Entity Name:** TREASURE COAST ENDODONTICS, LLC

**Current Principal Place of Business:**

900 EAST OCEAN BLVD., SUITE B110  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

900 EAST OCEAN BLVD., SUITE B110  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 46-1074185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARD DWIGHT KOSAKOSKI  
900 EAST OCEAN BLVD., SUITE B110  
STUART, FL 34994 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: EDWARD KOSAKOSKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DWIGHT KOSAKOSKI, EDWARD  
Address: 900 EAST OCEAN BLVD., SUITE B110  
City-St-Zip: STUART, FL 34994

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: EDWARD KOSAKOSKI

DR

10/24/2013

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