2014 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 20, 2014
Secretary of State

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Entity Name: ANDREW B. SLAVIN DMD, P.L.

Current Principal Place of Business:

1411 NORTH FLAGLER DRIVE #5200
WEST PALM, FL 33401

New Principal Place of Business:

Current Mailing Address:

1411 NORTH FLAGLER DRIVE #5200
WEST PALM, FL 33401

New Mailing Address:

FEI Number: 59-2698641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAVIN, ANDREW B DMD
1411 NORTH FLAGLER DRIVE #5200
WEST PALM, FL 33401 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: ANDREW B SLAVIN DMD

Electronic Signature of Registered Agent — Date

AUTHORIZED PERSONS:

Title: DR
Name: SLAVIN, ANDREW B DMD
Address: 1411 NORTH FLAGLER DR., SUITE 5200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: BATTLE, MARY L
Address: 1411 NORTH FLAGLER DR., SUITE 5200
City-St-Zip: WEST PALM BEACH, FL 33401

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 authorized to execute this report as required by Chapter 605, Florida Statues.

SIGNATURE: MARY BATTLE MGR 11/20/2014

Electronic Signature of Authorized Person — Date