


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L13030</b>	
1. Entity Name DOUGLAS M. SELLECK, D.M.D., P.A.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 27 PM 3:27

Principal Place of Business 4868 CORTEZ RD WEST PINESBROOK DENTAL CENTER BRADENTON, FL 34210 US	Mailing Address 309 75TH ST NW BRADENTON, FL 34209 US
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2. Principal Place of Business	3. Mailing Address P.O. Box 14568
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BRADENTON FL
Zip	Country U.S.
Country	Zip 34280

10242004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0141321	Applied For. <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SELLECK, DOUGLAS M. D.M.D. 309 75TH ST. NW BRADENTON, FL 34209	
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7. Name and Address of New Registered Agent Name SELLECK, DOUGLAS M. D.M.D. Street Address (P.O. Box Number is Not Acceptable) 4308 2nd AVE N.W. City BRADENTON FL Zip Code 34209	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Douglas M. Selleck</i>	DATE 10-25-04

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLECK, DOUGLAS M. DMD 620 ESTUARY DR, PERICO BAY CLUB BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SELLECK, DOUGLAS M. DMD 4308 2nd AVE N.W. BRADENTON FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered persons.	
SIGNATURE: <i>Douglas M. Selleck</i>	DATE: 10-25-04 DAYTIME PHONE #: 941-795-0877

10/29/04