

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L13030

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** DOUGLAS M. SELLECK, D.M.D., P.A.

**Current Principal Place of Business:**

4868 CORTEZ RD WEST  
PINESBROOK DENTAL CENTER  
BRADENTON, FL 34210 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14568  
BRADENTON, FL 34280 US

**New Mailing Address:**

**FEI Number:** 65-0141321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELLECK, DOUGLAS M DMD  
1909 68TH ST. WEST  
BRADENTON, FL 34209 US

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

SELLECK, DOUGLAS M DMD  
6801 20TH AVE WEST  
BRADENTON, FL 34209 US

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: DOUGLAS M. SELLECK

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DMD  
Name: SELLECK, DOUGLAS M DMD  
Address: 6801 20TH AVE WESTDD  
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS M. SELLECK

DMD

01/13/2011

Electronic Signature of Signing Officer or Director

Date