

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L30205

FILED  
Feb 21, 2010  
Secretary of State

Entity Name: ALAN R. HEAP, D.M.D., P.A.

## Current Principal Place of Business:

C/O ALAN R. HEAP, D.M.D.  
2295 S. HIAWASSEE RD STE 216  
ORLANDO, FL 32835

## New Principal Place of Business:

2295 S. HIAWASSEE RD  
STE 216  
ORLANDO, FL 32835 US

## Current Mailing Address:

C/O ALAN R. HEAP, D.M.D.  
2295 S. HIAWASSEE RD STE 216  
ORLANDO, FL 32835

## New Mailing Address:

2295 S. HIAWASSEE RD  
STE 216  
ORLANDO, FL 32835 US

FEI Number: 59-2977900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEAP, ALAN R. D.M.D.  
2295 S. HIAWASSEE RD STE 216  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

HEAP, ALAN R D.M.D.  
2295 S. HIAWASSEE RD  
STE 216  
ORLANDO, FL 32835 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: ALAN R. HEAP D.M.D.

02/21/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D  
Name: HEAP, ALAN R D.M.D.  
Address: 1630 MARINA LAKE DR  
City-St-Zip: KISSIMMEE, FL 34744 US

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: ALAN R. HEAP D.M.D.

D

02/21/2010

Electronic Signature of Signing Officer or Director

Date