

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L42505

FILED  
Jul 03, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

15200 JOG RD  
#301  
DELRAY BCH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

15200 JOG RD  
#301  
DELRAY BCH, FL 33446 US

**New Mailing Address:**

**FEI Number:** 65-0177589      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHECTER, BRETT DMD  
15200 JOG RD  
DELRAY BEACH, FL 33446 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: BRETT SHECTER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHECTER, BRETT  
Address: 15200 JOG RD  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP  
Name: DEPLAZA, MARCELLE  
Address: 15200 JOG RD #301  
City-St-Zip: DELRAY BEACH, FL 33446

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: BRETT SHECTER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

07/03/2012

\_\_\_\_\_  
Date