

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L75541

**FILED**  
**Dec 14, 2010**  
**Secretary of State**

**Entity Name:** GERALD K. WEAVER, D.M.D. AND MICHAEL STRATTON, D.M.D., PEDIATRIC DENTISTRY,  
P.A.

**Current Principal Place of Business:**

1584 KINGSLEY AVE., S-B  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

1584 KINGSLEY AVENUE  
SUITE B  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1584 KINGSLEY AVE., S-B  
ORANGE PARK, FL 32073

**New Mailing Address:**

1584 KINGSLEY AVENUE  
SUITE B  
ORANGE PARK, FL 32073

**FEI Number:** 59-3014111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEAVER, GERALD K.  
1584 KINGSLEY AVE.  
S-B  
ORANGE PARK, FL 32073 US

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

WEAVER, GERALD K  
1584 KINGSLEY AVENUE  
SUITE B  
ORANGE PARK, FL 32073 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: GERALD K. WEAVER

12/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: WEAVER, GERALD K  
Address: 1584 KINGSLEY AVENUE, SUITE B  
City-St-Zip: ORANGE PARK, FL 32073

Title: DR.  
Name: STRATTON, MICHAEL W  
Address: 1584 KINGSLEY AVENUE, SUITE B  
City-St-Zip: ORANGE PARK, FL 32073

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: GERALD K. WEAVER, D.M.D.

PRES

12/14/2010

Electronic Signature of Signing Officer or Director

Date