

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 15, 2005
Secretary of State**

DOCUMENT# L99000007708

Entity Name: FLORIDA DENTURE CLINIC WEST, LLC

Current Principal Place of Business:

12116 COBBLESTONE DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

12116 COBBLESTONE DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3609995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, DONNA R
12116 BLUEFISH DR.
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

JONES, DONNA R
7480 OAK TREE LANE
WEEKIE WACHEE, FL 34607 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: DONNA R. JONES

11/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, DONNA R
Address: 12116 COBBLESTONE DR.
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNA R. JONES

MGR

11/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date