

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000004513

FILED
Oct 11, 2013
Secretary of State

Entity Name: DENTISTRY THAT CARES, INC.

Current Principal Place of Business:

5211 US HIGHWAY 19 STE 200
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

5211 US HIGHWAY 19
SUITE 200
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5211 US HIGHWAY 19 STE 200
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

5211 US HIGHWAY 19
SUITE 200
NEW PORT RICHEY, FL 34652 US

FEI Number: 46-2507863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAULES, SHERRI
5211 US HIGHWAY 19 STE 200
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

PAULES, SHERRI
5211 US HIGHWAY 19
SUITE 200
NEW PORT RICHEY, FL 34652 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: SHERRI PAULES

10/11/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: PAULES, SHERRI
Address: 5211 US HIGHWAY 19 STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC
Name: PAULES, SHERRI
Address: 5211 US HIGHWAY 19 STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: P
Name: LANE, TOMMIE
Address: 5211 US HIGHWAY 19 STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP
Name: O'CARROLL, MICHAEL
Address: 8125 US HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRI PAULES

TREA

10/11/2013

Electronic Signature of Signing Officer or Director

Date