

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14495

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA ACADEMY OF PEDIATRIC DENTISTRY, INC.

**Current Principal Place of Business:**

2432 NW 13TH PLACE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100426  
GAINESVILLE, FL 32610 US

**New Mailing Address:**

2432 NW 13TH PLACE  
GAINESVILLE, FL 32605 US

**FEI Number:** 20-2287432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GRANT, JOHN  
10025 ORANGE GROVE DRIVE  
TAMPA, FL 336181440 US

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

GRANT, JOHN  
10025 ORANGE GROVE DRIVE  
TAMPA, FL 33618 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: JOHN GRANT

10/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLAUSEN, PETER DR.  
Address: 2636 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete  
Name: SCHNEIDER, HOWARD  
Address: 1871 UNIVERSITY BLVD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: EDT ( ) Delete  
Name: PRIMROSE, ROBERT DR  
Address: 2432 NW 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete  
Name: CARR, NATALIE  
Address: 211 SOUTH ARRAWANNA AVENUE  
City-St-Zip: TAMPA, FL 326100426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: ARDALAN, REZA DR.  
Address: 374 SW PRIMA VISTA BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34883 US

Title: P (X) Change ( ) Addition  
Name: SCHNEIDER, HOWARD  
Address: 1871 UNIVERSITY BLVD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ED (X) Change ( ) Addition  
Name: PRIMOSCH, ROBERT DR  
Address: 2432 NW 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP (X) Change ( ) Addition  
Name: CARR, NATALIE DR  
Address: 211 SOUTH ARRAWANNA AVENUE  
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT PRIMOSCH

ED

10/14/2009

Electronic Signature of Signing Officer or Director

Date