

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000051075

Entity Name: BAY VIEW DENTAL MARKETING, INC

FILED  
Oct 06, 2005  
Secretary of State

## Current Principal Place of Business:

7442 N TAMiami TRAIL  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

7442 N TAMiami TRAIL  
SARASOTA, FL 34243

## New Mailing Address:

1505 BAY VIEW DRIVE  
SARASOTA, FL 34239

FEI Number: 65-1013437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LISZEWSKI, KENNETH  
1505 BAY VIEW DR  
SARASOTA, FL 34239 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: KENNETH LISZEWSKI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: LISZEWSKI, KENNETH DMD  
Address: 7442 N TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: LISZEWSKI, KENNETH DMD  
Address: 1505 BAY VIEW DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: MRS ( ) Change (X) Addition  
Name: LISZEWSKI, STACY K  
Address: 1505 BAY VIEW DRIVE  
City-St-Zip: SARASOTA, FL 34239

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 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 an address, with all other like empowered.

SIGNATURE: KENNETH LISZEWSKI

DR

10/06/2005

Electronic Signature of Signing Officer or Director

Date