

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000032796

**FILED**  
**Nov 16, 2010**  
**Secretary of State**

**Entity Name:** GERALD M. COPELAND, II, D.M.D., P.A.

**Current Principal Place of Business:**

4501 N. ARMENIA AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

737 QUEEN ANN COURT  
MOUNT PLEASANT, SC 29464

**New Mailing Address:**

**FEI Number:** 59-3711334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COPELAND, NANCY  
4107 WATROUS AVE  
TAMPA, FL 33629 US

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

COPELAND, GERALD M II  
4107 WATROUS AVE  
TAMPA, FL 33629 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 M COPELAND II

11/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COPELAND, GERALD M DMD  
**Address:** 4107 WATROUS AVENUE  
**City-St-Zip:** TAMPA, FL 33629

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 M COPELAND II

PRES

11/16/2010

Electronic Signature of Signing Officer or Director

Date