

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000057090

**FILED**  
**Nov 19, 2008**  
**Secretary of State**

**Entity Name:** LAGUNA ISLES DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

19551 SHERIDAN AVE  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

19551 SHERIDAN AVE  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

**FEI Number:** 04-3604225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SYED, NIGHAT DR.  
19551 SHERIDAN ST  
FORT LAUDERDALE, FL 33332 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:** NIGHAT M. SYED

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:** PD ( ) Delete  
**Name:** SYED, NIGHAT DR.  
**Address:** 2120 NW 191 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33029

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

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

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

**SIGNATURE:** NIGHAT M. SYED

PD

11/19/2008

Electronic Signature of Signing Officer or Director

Date