

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000060265

Entity Name: CROSS CITY DENTAL, PA

FILED
Oct 09, 2006
Secretary of State

Current Principal Place of Business:

HIGHWAY 351, CEDAR STREET
CROSS CITY, FL 32628

New Principal Place of Business:

117 NE HWY 351
CROSS CITY, FL 32628

Current Mailing Address:

HIGHWAY 351, CEDAR STREET
STE. 3
CROSS CITY, FL 32628

New Mailing Address:

PO BOX 2059
CROSS CITY, FL 32628

FEI Number: 32-0016657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, STEPHEN M
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

PHYSICIAN ADVISORY GROUP
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 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: STEPHEN M. HENRY

10/09/2006

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: DP () Delete
Name: HENRY, STEPHEN M
Address: HIGHWAY 351, CEDAR STREET
City-St-Zip: CROSS CITY, FL 32628

Title: ST () Delete
Name: HENRY, ANGELA G
Address: HIGHWAY 351, CEDAR STREET
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: HENRY, STEPHEN M
Address: 117 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: MRS (X) Change () Addition
Name: HENRY, ANGELA G
Address: 117 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN M. HENRY

DR

10/09/2006

Electronic Signature of Signing Officer or Director

Date