

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000076134

**FILED**  
**Jun 08, 2011**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE DENTAL CARE OF GAINESVILLE, INC.

**Current Principal Place of Business:**

4436 NW 23 AVE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

4232 NW 73RD TERRACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 13-4203442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, SCOTT F  
4890 W. KENNEDY BLVD  
SUITE 240  
TAMPA, FL 33609 US

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

ROSIN, NEIL F  
4110-D NW 37TH PLACE  
GAINESVILLE, FL 32606 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: NEIL ROSIN

06/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: GOH, HERMAN L  
Address: 4232 NW 73RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

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: HERMAN GOH

DR

06/08/2011

Electronic Signature of Signing Officer or Director

Date