

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000076548

FILED
Nov 22, 2005
Secretary of State

Entity Name: IMPLANT & GENERAL DENTISTRY OF TAMPA BAY, P.A.

Current Principal Place of Business:

15950 BAY VISTA DR.
#390
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

1607 DR. ML KING ST N.
SAINT PETERSBURG, FL 33704

New Mailing Address:

15950 BAY VISTA DR
390
CLEARWATER, FL 33760

FEI Number: 05-0525914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, HENRY A
1607 DR. ML KING ST N.
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

BORGNER, RICAHRD A DDS
15950 BAY VISTA DR #390
CLEARWATER, FL 33704 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: RICHARD A BORGNER, DDS

11/22/2005

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: TATUM, OSCAR H III
Address: 15950 BAY VISTA DR, #390
City-St-Zip: CLEARWATER, FL 33760

Title: DS () Delete
Name: BORGNER, RICHARD A
Address: 15950 BAY VISTA DR., #390
City-St-Zip: CLEARWATER, FL 33760

Title: DT () Delete
Name: CULLEN, MARK
Address: 15950 BAY VISTA DR., #390
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: TATUM, OSCAR H III
Address: 15950 BAY VISTA DR, #390
City-St-Zip: CLEARWATER, FL 33760

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

Title: DP (X) Change () Addition
Name: TADROS, H S
Address: 15950 BAY VISTA DR., #390
City-St-Zip: CLEARWATER, FL 33760

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: H S TADROS

DP

11/22/2005

Electronic Signature of Signing Officer or Director

Date