

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000034360

**FILED**  
**Apr 25, 2013**  
**Secretary of State**

**Entity Name:** SWITZERLAND DENTAL INCORPORATED

**Current Principal Place of Business:**

3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

1820 STATE ROAD 13  
SUITE # 8  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

P O BOX 57487  
JACKSONVILLE, FL 322417487

**New Mailing Address:**

1820 STATE ROAD 13  
SUITE # 8  
JACKSONVILLE, FL 32259

**FEI Number:** 20-0822505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257 US

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

SHAEFFER, MARY  
1820 STATE ROAD 13  
SUITE # 8  
JACKSONVILLE, FL 32259 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:** MSHAEFFER

04/25/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SHAEFFER, WINSTON P  
**Address:** 1820 STATE ROAD 13 SUITE #8  
**City-St-Zip:** JACKSONVILLE, FL 32259

**Title:** VP  
**Name:** SHAEFFER, MARY E  
**Address:** 1820 STATE ROAD 13 SUITE #8  
**City-St-Zip:** JACKSONVILLE, FL 32259

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:** MSHAEFFER

VP

04/25/2013

Electronic Signature of Signing Officer or Director

Date