

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000134405

FILED
Oct 10, 2005
Secretary of State

Entity Name: DENTAL ARTS OF FLORIDA PA

Current Principal Place of Business:

8743 HARPERS GLEN COURT
JACKSONVILLE, FL 32256

New Principal Place of Business:

7645 GATE PARKWAY
SUITE 103
JACKSONVILLE, FL 32256

Current Mailing Address:

8743 HARPERS GLEN COURT
JACKSONVILLE, FL 32256

New Mailing Address:

10980 WOOD EDEN COURT
JACKSONVILLE, FL 32256

FEI Number: 20-1664013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURSUNOV, TIMUR
8743 HARPERS GLEN COURT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

TURSONOFF, TIM
10980 WOOD EDEN COURT
JACKSONVILLE, FL 32256 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: TIM TURSONOFF

10/10/2005

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: P () Delete
Name: TURSUNOV, ANGELLA G
Address: 8743 HARPERS GLEN COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURSUNOV, ANGELLA G
Address: 10980 WOOD EDEN COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO () Change (X) Addition
Name: TURSONOFF, TIM
Address: 10980 WOOD EDEN COURT
City-St-Zip: JACKSONVILLE, FL 32256

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: TIM TURSONOFF

COO

10/10/2005

Electronic Signature of Signing Officer or Director

Date