

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000173191

**FILED**  
**Feb 08, 2013**  
**Secretary of State**

**Entity Name:** IMAGINE ORTHODONTICS, INC.

**Current Principal Place of Business:**

5000 SAWGRASS VILLAGE CIRCLE STE 3  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

5000 SAWGRASS VILLAGE CIRCLE STE 3  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 20-2154434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207 US

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

LEGLER, MITCHELL W  
1431 RIVERPLACE BOULEVARD  
STE 910  
JACKSONVILLE, FL 32207 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: MITCHELL W. LEGLER

02/08/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LAZZARA, GASPER DDS  
Address: 5000 SAWGRASS VILLAGE CIRCLE STE 3  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GASPER LAZZARA DDS

D

02/08/2013

Electronic Signature of Signing Officer or Director

Date