

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000055743

FILED
May 06, 2014
Secretary of State

Entity Name: LAKESIDE DENTAL CARE, PA

Current Principal Place of Business:

2100 45TH STREET
SUITE A-8
WEST PALM BEACH, FL 33407

New Principal Place of Business:

8136 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411

Current Mailing Address:

2100 45TH STREET
SUITE A-8
WEST PALM BEACH, FL 33407

New Mailing Address:

8136 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411

FEI Number: 20-2727839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, JACKIE C
2100 45TH STREET
SUITE A-8
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

JOHNS, JACKIE C
8136 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411 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: JACKIE JOHNS

05/06/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: JOHNS, JACKIE C
Address: 8136 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P
Name: DEAN, GINA
Address: 8136 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

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: JACKIE JOHNS

VP

05/06/2014

Electronic Signature of Signing Officer or Director

Date