


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000154828 1. Entity Name ANDREW FORREST, D.M.D., P.A.																																																																																
Principal Place of Business 12000 BISCAYNE BLVD. 500 NORTH MIAMI, FL 33181 US			Mailing Address 12000 BISCAYNE BLVD. 500 NORTH MIAMI, FL 33181 US																																																																													
2. Principal Place of Business - No P.O. Box # 13137 SIENNA COURT			3. Mailing Address 13137 SIENNA COURT																																																																													
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																													
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-4622297																																																																												
Zip 32224		Country USA		Applied For <input type="checkbox"/> Not Applicable																																																																												
Zip 32224		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																												
6. Name and Address of Current Registered Agent KRAMER & GOLDEN, P.A. 12000 BISCAYNE BLVD. 500 NORTH MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																																																																												
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">P.D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FORREST, ANDREW D.M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12000 BISCAYNE BLVD., SUITE 500</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI, FL 33181</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">P.D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FORREST, ANDREW D.M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13137 SIENNA COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32224</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	P.D	<input type="checkbox"/> Delete	NAME	FORREST, ANDREW D.M.D.		STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 500		CITY-ST-ZIP	NORTH MIAMI, FL 33181																													TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FORREST, ANDREW D.M.D.		STREET ADDRESS	13137 SIENNA COURT		CITY-ST-ZIP	JACKSONVILLE, FL 32224																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																
SIGNATURE: <u><i>Andrew Forrest</i></u> <u>1/20/08</u> Date Daytime Phone #																																																																																

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL 32399
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REINSTATEMENT 07-08

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