

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000004799

**FILED**  
**Nov 17, 2014**  
**Secretary of State**

**Entity Name:** WILLIAM A. FORERO, D.M.D., P.A.

**Current Principal Place of Business:**

3000 N UNIVERSITY DR  
SUITE P  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

3000 N UNIVERSITY DR  
SUITE P  
CORAL SPRINGS, FL 33065 UN

**Current Mailing Address:**

3000 N UNIVERSITY DR  
SUITE P  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 84-1699604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORERO, WILLIAM A DMD  
3000 N UNIVERSITY DR SUITE P  
CORAL SPRINGS, FL 33065 US

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

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:** WILLIAM FORERO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** FORERO, WILLIAM A DMD  
**Address:** 3000 N UNIVERSITY DR SUITE P  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** WILLIAM FORERO DMD

PRES

11/17/2014

Electronic Signature of Signing Officer or Director

Date