

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000020884

FILED
Oct 09, 2007
Secretary of State

Entity Name: RIVERVIEW FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

10330 OLD BIG BEND ROAD
BUILDING 5
RIVERVIEW, FL 33569 US

New Principal Place of Business:

13037 SUMMERFIELD SQUARE DR
RIVERVIEW, FL 33569 US

Current Mailing Address:

14722 HERONGLLEN DRIVE
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: 20-4280833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33569 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: JEFF LASMAN

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: PST () Delete
Name: SEHGAL, MAMTA
Address: 10330 OLD BIG BEND ROAD, BLDG. 5
City-St-Zip: RIVERVIEW, FL 33569 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SEHGAL, MAMTA
Address: 14722 HERONGLLEN DR
City-St-Zip: LITHIA, FL 33547 US

Title: MGR () Change (X) Addition
Name: SEHGAL, RAJIVE
Address: 14722 HERONGLLEN DR
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAJIVE SEHGAL

MGR

10/09/2007

Electronic Signature of Signing Officer or Director

Date