2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# P06000107496

Entity Name: THE DENTAL HEALTH PROFESSIONALS AT VIERA, P.A.

Current Principal Place of Business:

325 MILANO LANE
#107
MELBOURNE, FL 32940 US

New Principal Place of Business:

5455 MURRELL ROAD
SUITE C
ROCKLEDGE, FL 32955 US

Current Mailing Address:

325 MILANO LANE
#107
MELBOURNE, FL 32940 US

New Mailing Address:

5455 MURRELL ROAD
SUITE C
ROCKLEDGE, FL 32955 US

FEI Number: 20-5390000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROPPA, JAMES D
325 MILANO LANE
#107
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

ROPPA, JAMES D
5455 MURRELL ROAD
SUITE C
ROCKLEDGE, FL 32955 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: JAMES ROPPA 09/28/2007
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: P ( ) Delete
Name: ROPPA, JAMES D
Address: 325 MILANO LANE, #107
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP ( ) Delete
Name: ROPPA, KARA H
Address: 325 MILANO LANE, #107
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROPPA, JAMES D
Address: 5455 MURRELL ROAD, STE C
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP (X) Change ( ) Addition
Name: ROPPA, KARA H
Address: 5455 MURRELL ROAD, STE C
City-St-Zip: ROCKLEDGE, FL 32955 US

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: JAMES ROPPA PRES 09/28/2007
Electronic Signature of Signing Officer or Director Date