

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000154891

**FILED**  
**Feb 25, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA CENTER FOR ESTHETIC DENTISTRY, P.A.

**Current Principal Place of Business:**

9825 W. SAMPLE RD., SUITE 101  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

9825 W. SAMPLE RD., SUITE 100  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

19390 COLLINS AVENUE, SUITE 1426  
SUNNY ISLES, FL 33160

**New Mailing Address:**

9825 WEST SAMPLE ROAD  
SUITE 100  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 20-8237785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, KATIA DDS  
9825 W. SAMPLE RD., SUITE 101  
CORAL SPRINGS, FL 33065 US

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

FRIEDMAN, KATIA DDS  
9825 W. SAMPLE RD., SUITE 100  
CORAL SPRINGS, FL 33065 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: KATIA FRIEDMAN

02/25/2008

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: PVSD ( ) Delete  
Name: FRIEDMAN, KATIA DDS  
Address: 9825 W. SAMPLE RD., SUITE 101  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVSD (X) Change ( ) Addition  
Name: FRIEDMAN, KATIA DDS  
Address: 9825 W. SAMPLE RD., SUITE 100  
City-St-Zip: CORAL SPRINGS, FL 33065

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: KATIA FRIEDMAN

PVSD

02/25/2008

Electronic Signature of Signing Officer or Director

Date