2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000028848

Entity Name: PLANTATION DENTAL GROUP PA

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1761 N UNIVERSITY DR 1301 W. BOYNTON BEACH BLVD. PLANTATION, FL 33322

SUITE #5

BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

1761 N UNIVERSITY DR 1301 W. BOYNTON BEACH BLVD. PLANTATION, FL 33322 SUITE #5

BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-8582647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NADEL, STEVEN DDS NADEL, STEVEN DDS 758 LAKEVIEW DR. 10775 SW 56 ST

MIAMI, FL 33165 MIAMI BEACH, FL 33140 US 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: STEVEN NADEL 02/25/2009

> 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:

PSD () Delete Title: PSDT (X) Change () Addition

NADEL, STEVEN DDS Name: Name: NADEL, STEVEN DDS 1761 N UNIVERSITY DR 1301 W. BOYNTON BEACH BLVD. Address: Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: BOYNTON BEACH, FL 33426

Title: VΡ (X) Delete Title: () Change () Addition

Name: NADEL, STEVEN DDS Name: 1761 N UNIVERSITY DR Address: Address: PLANTATION, FL 33322 City-St-Zip: City-St-Zip:

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: STEVEN NADEL **PDST** 02/25/2009