

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000058995

**FILED**  
**Dec 02, 2010**  
**Secretary of State**

**Entity Name:** RYAN L CAUDILL DMD MSD PA

**Current Principal Place of Business:**

385 PINEDA COURT  
SUITE 100  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

385 PINEDA COURT  
SUITE 100  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 26-0214267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

L GEORGE LEONARD, C.P.A., P.A.  
1485 N ATLANTIC AVE  
SUITE 102  
COCOA BEACH, FL 32931 US

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

CAUDILL, RYAN L DMD,MSD  
385 PINEDA COURT  
SUITE 100  
MELBOURNE, FL 32940 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:** RYAN L CAUDILL DMD,MSD

12/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAUDILL, RYAN L DMD,MSD  
**Address:** 385 PINEDA COURT , SUITE100  
**City-St-Zip:** MELBOURNE, FL 32940 US

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:** RYAN L CAUDILL DMD,MSD

P

12/02/2010

Electronic Signature of Signing Officer or Director

Date