2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000060202

Entity Name: ORSBORN ORTHODONTICS, P.A.

Current Principal Place of Business:

8291 DAMES POINT CROSSING BLVD., APT. 1311
JACKSONVILLE, FL 32277

New Principal Place of Business:

3890 DUNN AVE
903
JACKSONVILLE, FL 32218

Current Mailing Address:

8291 DAMES POINT CROSSING BLVD., APT. 1311
JACKSONVILLE, FL 32277

New Mailing Address:

3890 DUNN AVE
903
JACKSONVILLE, FL 32218

FEI Number: 26-0301610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORSBORN, KHALIL
8291 DAMES POINT CROSSING BLVD., APT. 1311
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

ORSBORN, KHALIL
3890 DUNN AVE
903
JACKSONVILLE, FL 32218 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: KHALIL ORSBORN 04/30/2009
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: D ( ) Delete
Name: ORSBORN, KHALIL
Address: 8291 DAMES POINT CROSSING BLVD., APT. 1311
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ORSBORN, KHALIL
Address: 3890 DUNN AVE STE 903
City-St-Zip: JACKSONVILLE, FL 32218

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: KHALIL ORSBORN MEMB 04/30/2009
Electronic Signature of Signing Officer or Director Date