

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000095819

FILED
Nov 23, 2009
Secretary of State

Entity Name: BELLEAIR ARTISTIC DENTISTRY, PA

Current Principal Place of Business:

2715 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

Current Mailing Address:

2715 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

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

Name and Address of Current Registered Agent:

JACKSON, AMIRA B
2715 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770 US

Name and Address of New Registered Agent:

COSMEDDEN, INC.
2715 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770 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: MOHAMMED I BAKER

11/23/2009

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: P/TR () Delete
Name: JACKSON, AMIRA B
Address: 2715 WEST BAY DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VP/S () Delete
Name: BAKER, RONIA M DDS
Address: 2715 WEST BAY DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RONIA M. BAKER

VP/S

11/23/2009

Electronic Signature of Signing Officer or Director

Date