

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000110073

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** TENDER CARE DENTAL INC.

**Current Principal Place of Business:**

333 SOUTHERN BLVD  
101  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

333 SOUTHERN BLVD  
101  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

**FEI Number:** 26-3929680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GONZALEZ, YANICE DMD  
6622 W SAMPLE ROAD BLDG 9  
CORAL SPRINGS, FL 33067 US

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

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:** YANICE GONZALEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** GONZALEZ, YANICE  
**Address:** 10708 OLD HAMMOCK WAY  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** VP  
**Name:** GONZALEZ, MICHAEL  
**Address:** 10708 OLD HAMMOCK WAY  
**City-St-Zip:** WELLINGTON, FL 33414

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:** MICHAEL GONZALEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

01/17/2011

\_\_\_\_\_  
Date