

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000004927

**FILED**  
**Oct 22, 2010**  
**Secretary of State**

**Entity Name:** DAVID D. WHITAKER, D.M.D., M.S., P.A.

**Current Principal Place of Business:**

6031 DR. MLK JR. ST. N  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

6031 DR. MLK JR. ST. N  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 26-4075414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITAKER, DAVID D D.M.D.  
6031 DR. MLK JR. ST. N  
ST. PETERSBURG, FL 33703 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:** DAVID D. WHITAKER, DMD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPVS  
**Name:** WHITAKER, DAVID D D.M.D.  
**Address:** 6031 DR. MLK JR. ST. N  
**City-St-Zip:** ST. PETERSBURG, FL 33703

**Title:** T  
**Name:** WHITAKER, DAVID D D.M.D.  
**Address:** 6031 DR. MLK JR. ST. N  
**City-St-Zip:** ST. PETERSBURG, FL 33703

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:** DAVID D. WHITAKER, DMD, MS

PRES

10/22/2010

Electronic Signature of Signing Officer or Director

Date