

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000041314

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** MARCO ISLAND DENTAL CARE, INC

**Current Principal Place of Business:**

950 NORTH COLLIER BOULEVARD  
305  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

950 NORTH COLLIER BOULEVARD  
305  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BONITA TAX PROFESSIONAL, INC  
26721 DUBLIN WOODS CIR.,  
STE #1  
BONITA SPRINGS, FL 34135 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: MIKE MANLEY

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ECK, FRED J DDS  
Address: 950 NORTH COLLIER BOULEVARD, STE #305  
City-St-Zip: MARCO ISLAND, FL 34145

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: FRED ECK DDS

P

04/13/2012

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

\_\_\_\_\_  
Date