

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000083392

FILED
Oct 21, 2014
Secretary of State

Entity Name: TERRACE OAKS DENTAL, INC.

Current Principal Place of Business:

5208 E. FOWLER AVENUE
STE. C
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

5218 E. FOWLER AVENUE
TEMPLE TERRACE, FL 33617

Current Mailing Address:

5208 E. FOWLER AVENUE
STE. C
TEMPLE TERRACE, FL 33617

New Mailing Address:

5218 E. FOWLER AVENUE
TEMPLE TERRACE, FL 33617

FEI Number: 46-3878699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIL S. SCHECHT, P.A.
3630 W. KENNEDY BOULEVARD
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

SUPPA, BRENDA
5218 E FOWLER AVE
TEMPLE TERRACE, FL 33617 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: BRENDA S;UPPA

10/21/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GIBBS, PHATTARA DMD
Address: 5218 E. FOWLER AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VP
Name: GIBBS, PHATTARA DMD
Address: 5218 E. FOWLER AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S
Name: GIBBS, PHATTARA DMD
Address: 5218 E. FOWLER AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T
Name: GIBBS, PHATTARA DMD
Address: 5218 E. FOWLER AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D
Name: GIBBS, PHATTARA DMD
Address: 5218 E. FOWLER AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: PHATTARA GIBBS, DMD

P

10/21/2014

Electronic Signature of Signing Officer or Director

Date