

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000088618

FILED
Oct 24, 2014
Secretary of State

Entity Name: NATIONAL ASSOCIATION FOR MEDICAL AND DENTAL, INC.

Current Principal Place of Business:

5211 US 19 STE 200
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5211 US 19 STE 200
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 80-0941337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, TOMMIE
5211 US 19 STE 200
NEW PORT RICHEY, FL 34652 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: TOMMIE LANE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: LANE, CHRISTINE
Address: 5211 US 19 STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: P
Name: LANE, TOMMIE
Address: 5211 US 19 STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: CEO
Name: PAULES, SHERRI
Address: 5211 US 19 STE 200
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: TOMMIE LANE

Electronic Signature of Signing Officer or Director

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10/24/2014

Date