

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000023047

FILED
Mar 13, 2012
Secretary of State

Entity Name: MID-COUNTY DENTAL CENTER, INC.

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0406767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUZAUSKAS, ROBERT PRESIDE
9845 BAYWINDS DRIVE
APT 6105
WEST PALM BEACH, FL 33411 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: ROBERT GUZAUSKAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GUZAUSKAS, ROBERT PRESIDE
Address: 9845 BAYWINDS DRIVE, APT 6105
City-St-Zip: WEST PALM BCH, FL 33411

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: ROBERT GUZAUSKAS

PRES

03/13/2012

Electronic Signature of Signing Officer or Director

Date