

2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 14, 2006
Secretary of State**

DOCUMENT# P95000053808

Entity Name: FLORENCE DENTURE CLINIC OF WINTER HAVEN, INC.

Current Principal Place of Business:

2050 HAVENDA LE BLVD N
STE #B
WINTER HAVEN, FL 33881

New Principal Place of Business:

2050 HAVENDALE BLVD NW
STE #B
WINTER HAVEN, FL 33881

Current Mailing Address:

P.O. BOX 830968
OCALA, FL 34483

New Mailing Address:

FEI Number: 59-3327693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRY, JOHN R
304 SOUTHWEST 15TH STREET
OCALA, FL 34430 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: JOHN R PARRY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PARRY, JOHN R
Address: 304 SOUTHWEST 15TH STREET
City-St-Zip: Ocala, FL 34430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN R PARRY

Electronic Signature of Signing Officer or Director

PSTD

11/14/2006

Date