

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000097606

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Entity Name:** LLOYD FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

SUITE 101  
139 EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

SUITE 101  
139 EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3353623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 321152491 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:** DAVID R. LLOYD

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: D ( ) Delete  
Name: LLOYD, DAVID R D.D.S.  
Address: 139 EXECUTIVE CIR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: LLOYD, SUSAN M D.D.S.  
Address: 139 EXECUTIVE CIR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DR. ( ) Change (X) Addition  
Name: LLOYD, DAVID R DR.  
Address: 139 EXECUTIVE CIRCLE, SUITE 101  
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify 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:** DAVID R. LLOYD

Electronic Signature of Signing Officer or Director

DR.

01/07/2008

Date