


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000005514	
1. Entity Name A HEALTH PARK DENTAL GROUP, INC.	

Principal Place of Business 11121 HEALTH PARK BLVD. NAPLES, FL 34110	Mailing Address 11121 HEALTH PARK BLVD. NAPLES, FL 34110
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09092009 REIN-P CR2E098 (1/07)

4. FEI Number 59-3421994	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RANDOLPH, JOHN S 11121 HEALTH PARK BLVD. NAPLES, FL 34110
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Dr. John S. Randolph</i></u> DATE <u>9/10/09</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH, JOHN S 11121 HEALTH PARK BLVD. NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100160672991 09/15/09--01015--003 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <u><i>Dr. John S. Randolph</i></u> DATE <u>9/10/09</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

FILED

2009 SEP 15 P 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
08-09