

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000014410

Entity Name: MCLELLAN DENTAL, INC.

FILED
Oct 21, 2004
Secretary of State

Current Principal Place of Business:

1100-2 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

1100-2 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

Current Mailing Address:

1100-2 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32086

New Mailing Address:

1100-2 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

FEI Number: 59-3493889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, J S ESQ
162 SAN MARCO AVENUE
SUITE 4
ST. AUGUSTINE, FL 32084 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: _____

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: MCLELLAN, MATT DR
Address: 1 BRICE LANE
City-St-Zip: PALM COAST, FL

Title: D () Delete
Name: MCLELLAN, BARBARA DR
Address: 1 BRICE LANE
City-St-Zip: PALM COAST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCLELLAN, MATT DR
Address: 60 SURFVIEW DR #304
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: MCLELLAN, BARBARA DR
Address: 60 SURFVIEW DR #304
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATT MCLELLAN

D

10/21/2004

Electronic Signature of Signing Officer or Director

Date