2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# P98000053702

Entity Name: BENNIE CLARK JR., D.M.D., P.A.

Current Principal Place of Business:

3539 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32277

New Principal Place of Business:

1651 SOUTHSIDE BLVD, SUITE 3
JACKSONVILLE, FL 32225

Current Mailing Address:

3539 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32277

New Mailing Address:

1651 SOUTHSIDE BLVD, SUITE 3
JACKSONVILLE, FL 32225

FEI Number: 59-3539010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNIE CLARK, JR., D.M.D.
3539 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

BENNIE CLARK, JR., D.M.D.
1651 SOUTHSIDE BLVD, SUITE 3
JACKSONVILLE, FL 32225 US

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: BENNIE CLARK, DMD 11/06/2007
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: PD ( ) Delete
Name: CLARK, BENNIE JR
Address: 13436 NOTTINGHAM KNOLL CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: V ( ) Delete
Name: POLITE-CLARK, LORRAINE
Address: 13436 NOTTINGHAM KNOLL CT.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BENNIE CLARK, DMD PD 11/06/2007
Electronic Signature of Signing Officer or Director Date