

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000018225

**FILED**  
**May 15, 2014**  
**Secretary of State**

**Entity Name:** WILLIAM P. LAMAS, D.M.D., M.S., P. A.

**Current Principal Place of Business:**

2020 SW 27TH AVENUE  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

11801 SW 57TH COURT  
CORAL GABLES, FL 33156

**New Mailing Address:**

2020 SW 27TH AVENUE  
MIAMI, FL 33145 US

**FEI Number:** 65-0903223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMAS, WILLIAM P  
11801 SW 57TH COURT  
CORAL GABLES, FL 33156 US

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

LAMAS, WILLIAM P  
2020 SW 27TH AVE  
MIAMI, FL 33145 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: WILLIAM P. LAMAS

05/15/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: LAMAS, WILLIAM P  
Address: 2020 SW 27TH AVE  
City-St-Zip: MIAMI, FL 33145

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P. LAMAS

DR.

05/15/2014

Electronic Signature of Signing Officer or Director

Date