

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000070777

**FILED**  
**Feb 20, 2013**  
**Secretary of State**

**Entity Name:** FONG'S COMPLETE DENTAL CARE, INC.

**Current Principal Place of Business:**

1900 NORTH UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

1900 NORTH UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 65-0937178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FONG, IAN S P  
1900 NORTH UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024 US

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

FONG, IAN S DDS  
1900 NORTH UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024 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: IAN FONG DDS

02/20/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FONG, IAN S DDS  
Address: 1900 NORTH UNIVERSITY DRIVE, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33024

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: IAN FONG DDS

PRES

02/20/2013

Electronic Signature of Signing Officer or Director

Date