

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S09492

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** LAWRENCE ALAN SPECTOR, D.M.D., P.A.

**Current Principal Place of Business:**

9132 WILES RD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

9132 WILES RD  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 65-0246176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELZER, JEFFREY SETH ESQUIRE  
805 EAST BROWARD BLVD.  
SUITE 304  
FORT LAUDERDALE, FL 33301 US

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

SPECTOR, LAWRENCE A  
9677 NW 49TH PL  
CORAL SPRINGS, FL 33076 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: LAWRENCE A SPECTOR

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SPECTOR, LAWRENCE ALAN  
Address: 9677 N.W. 49TH PL  
City-St-Zip: CORAL SPRINGS, FL

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: DR LAWRENCE ALAN SPECTOR

OWNE

03/30/2011

Electronic Signature of Signing Officer or Director

Date