

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000025400

Entity Name: DENTAL ASSOCIATES OF SOUTH LAKELAND, P.A.

Current Principal Place of Business:

3845 S FLORIDA AVE
LAKELAND, FL 33813

Current Mailing Address:

710 EAST REYNOLDS STREET
PLANT CITY, FL 33563 US

FEI Number: 20-8582436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTO, CURRAN K
2803 SAFE HARBOR DRIVE
TAMPA, FL 33618 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: CURRAN K. PORTO

10/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name MUELLER, WILLIAM AIII,DMD
Address 3845 S FLORIDA AVE
City-State-Zip: LAKELAND FL 33813

Title DP
Name WALDING, STEPHEN JIII,DMD
Address 3845 S FLORIDA AVE
City-State-Zip: LAKELAND FL 33813

Title P
Name CARTER, JOHN IDMD
Address 3845 S FLORIDA AVE
City-State-Zip: LAKELAND FL 33813

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: MUELLER, WILLIAM A.

DIRECTOR

10/30/2015

Electronic Signature of Signing Officer/Director Detail

Date