

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 698203

FILED  
Jan 31, 2012  
Secretary of State

**Entity Name:** SHAH DENTAL SERVICES, P.A.

**Current Principal Place of Business:**

123 S. INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

123 S. INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763 US

**New Mailing Address:**

FEI Number: 59-2123701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHASHIKANT SHAH  
123 S. INDUSTRIAL DRIVE  
ORANGE CITY, FL 32763 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SHASHIKANT SHAH  
Address: 724 SILVERWOOD DR.  
City-St-Zip: LAKE MARY, FL 32746

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: SHASHIKANT SHAH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

01/31/2012

\_\_\_\_\_  
Date