

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089370

**Entity Name:** SUNCOAST DENTISTRY, P.A.

**Current Principal Place of Business:**

8915 US HIGHWAY 301 N  
PARRISH, FL 34219

**Current Mailing Address:**

8170 LONGBAY BLVD  
SARASOTA, FL 34243

**FEI Number:** 80-0272117

**Certificate of Status Desired:** No

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

VU, JOSEPH TDMD  
8170 LONGBAY BLVD  
SARASOTA, FL 34243 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, S  
Name VU, JOSEPH T  
Address 8170 LONGBAY BLVD  
City-State-Zip: SARASOTA FL 34243

Title VP  
Name VU, JOSEPH T  
Address 8170 LONGBAY BLVD  
City-State-Zip: SARASOTA FL 34243

*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:** JOSEPH T VU, DMD

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date