

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000045691

**Entity Name:** ST. LUKE'S FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

100 BURNESED PLACE - SUITE 1000  
OVIEDO, FL 32765

**Current Mailing Address:**

100 BURNESED PLACE - SUITE 1000  
OVIEDO, FL 32765 US

**FEI Number:** 30-0738042

**Certificate of Status Desired:** No

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

WASIF, SANDRA  
100 BURNESED PLACE - SUITE 1000  
OVIEDO, FL 32765 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 DPST  
Name WASIF, SANDRA  
Address 684 CARRIGAN WOODS TRAIL  
City-State-Zip: OVIEDO FL 32765

*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:** SANDRA WASIF

**DIRECTOR**

**04/21/2013**

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

\_\_\_\_\_ Date