

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 580562

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

408 WEST INTERLAKE BLVD  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

408 WEST INTERLAKE BLVD  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 59-1844561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OXER, JAMES E  
408 WEST INTERLAKE BLVD.  
LAKE PLACID, FL 33852 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: PD  
Name: OXER, JAMES E  
Address: 108 HUNTLEY OAKS CT.  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST  
Name: OXER, JAMES E  
Address: 108 HUNTLEY OAKS CT.  
City-St-Zip: LAKE PLACID, FL 33852

Title: V  
Name: OXER, JAMES E  
Address: 108 HUNTLEY OAKS CT.  
City-St-Zip: LAKE PLACID, FL 33852

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:** JAMES E. OXER

DR.

02/15/2011

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

\_\_\_\_\_  
Date