
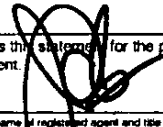
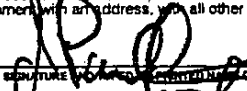


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

04-25-2006 90102 037 ***150.00

DOCUMENT # G41001 1. Entity Name SUNSHINE DENTAL CENTER OF SANFORD, INC.		
Principal Place of Business 9535 SILVER LAKE DRIVE LEESBURG, FL 34748	Mailing Address 9535 SILVER LAKE DRIVE LEESBURG, FL 34748	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent COSTELLO, JAMES P 9535 SILVERLAKE DR LEESBURG, FL 34748		DO NOT WRITE IN THIS SPACE
9. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST COSTELLO, JAMES P 9535 SILVER LAKE DRIVE LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  James P. Costello 5/17/06 <small>Signature of Officer or Director Date Daytime Phone #</small>		