


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90038 023 ***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
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2. Principal Place of Business - No P.O. Box # 862 Shellback Way	3. Mailing Address 862 Shellback Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State The Villages, FL	City & State The Villages, FL
Zip 32162	Country USA

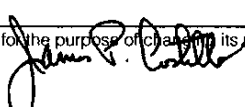


03012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2310082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COSTELLO, JAMES P 9535 SILVERLAKE DR LEESBURG, FL 34748	
7. Name and Address of New Registered Agent Name Costello, James P Street Address (P.O. Box Number is Not Acceptable) 862 Shellback Way City The Villages FL Zip Code 32162	

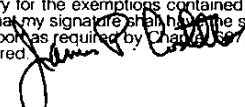
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COSTELLO, JAMES P 9535 SILVER LAKE DRIVE LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Costello, James P 862 Shellback Way The Villages, FL 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119, 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: X  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____