

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

4/ **May 22, 2006 8:00 am**
Secretary of State

04-25-2006 90102 034 ***150.00

DOCUMENT # G51822

1. Entity Name
SUNSHINE DENTAL CENTER OF LEESBURG, 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

66017111



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2310079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTELLO, JAMES P.
9535 SILVER LAKE DRIVE
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

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IN THIS SPACE**

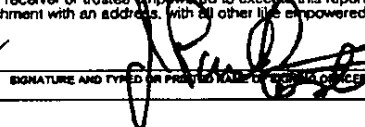
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 **James P Costello** **5/17/06**