

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075715

FILED
Apr 20, 2009
Secretary of State

Entity Name: SUNSHINE DENTAL CENTER, PLLC

Current Principal Place of Business:

201 NORTH FRANKLIN STREET, STE. 2000
TAMPA, FL 33602

New Principal Place of Business:

6025 MEMORIAL HWY
TAMPA, FL 33615

Current Mailing Address:

201 NORTH FRANKLIN STREET, STE. 2000
TAMPA, FL 33602

New Mailing Address:

4303 W. BEACH PARK DRIVE
TAMPA, FL 33609

FEI Number: 26-3134629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W ESQ.
201 NORTH FRANKLIN STREET, STE. 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

DALTON BANKS, HILARY R DMD,MS
4303 W. BEACH PARK DRIVE
TAMPA, FL 33609 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: HILARY R. DALTON CUBILLOS BANKS
Electronic Signature of Registered Agent

04/20/2009
Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: DALTON BANKS, HILARY R DMD,MS
Address: 4303 W. BEACH PARK DRIVE
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HILARY R. DALTON CUBILLOS BANKS CEO 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date