2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

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Entity Name: SHINE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

646 W PLYMOUTH AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

646 W PLYMOUTH AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: 65-0975799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIAS, MARK DDS
646 W PLYMOUTH AVENUE
DELAND, FL 32720 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: MATHIAS, RONALD M
Address: 646 W PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

Title: DVP
Name: MATHIAS, RONALD M
Address: 646 W PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

Title: STD
Name: MATHIAS, RONALD M
Address: 646 W PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

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: R. MARK MATHIAS PD 04/06/2010

Electronic Signature of Signing Officer or Director Date