2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048295

FILED
Jun 21, 2001 8:00 am
Secretary of State
03-30-2001 90339 021 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
SUNSHINE DENTAL CENTERS, PA

Principal Place of Business	Mailing Address
9250 College Pkwy Ft. Myers, FL 33919	9250 College Pkwy Ft. Myers, FL 33919
2. Principal Place of Business: 9250 College Pkwy	3. Mailing Address: 9250 College Pkwy
Suite, Apt. #, etc.: Unit #1	Suite, Apt. #, etc.: Unit #1
City & State: Ft. Myers FL	City & State: Ft. Myers FL
Zip: 33919 Country: Lee	Zip: 33919 Country: Lee

4. FEI Number: 65-1021967 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

9250 College Pkwy
Unit #1
Ft. Myers, FL 33919

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE Louis Rosellini 3/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Dental Director NAME: Dr Chris McCast STREET ADDRESS: 2307 Estero Blvd CITY-ST-ZIP: Ft Myers FL 33931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Dental Director NAME: Dr. Dina Ghabboor STREET ADDRESS: 9250 College Parkway Suite 1 CITY-ST-ZIP: Ft Myers FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _______ 4-30-2001 (941) 454-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Please Sign Here

Sunshine Dental Centers, PA

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The FEIN was incorrect on previous filing