


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000048295</b>	
1. Entity Name <b>SUNSHINE DENTAL CENTERS, PA</b>	

Principal Place of Business <b>9250 COLLEGE PKWY UNIT #1 FORT MYERS, FL 33919</b>	Mailing Address <b>1560 MATTHEW DR UNIT C FT MYERS, FL 33907</b>
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1021967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

5. Name and Address of Current Registered Agent

**ROSELLINI, LOUIS  
1560 MATTHEW DR  
UNIT C  
FORT MYERS, FL 33907**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000064859- 02/25/04-80012-008 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MCCASH, CHRIS DR 9250 COLLEGE PKWY FORT MYERS, FL 33919
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

**SIGNATURE:**  **2-16-04** **239 4543650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #