

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 20 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048295

1. Entity Name

Sunshine Dental Centers, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9250 College Pkwy

3. Mailing Address

15600 Matthew Dr

REINSTATEMENT

03

Suite, Apt. #, etc.

Unit 1

Suite, Apt. #, etc.

Unit C

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33919

Country

USA

Zip

33907

Country

USA

4. FEI Number

65-1021967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Louis Rosellini

Street Address (P.O. Box Number is for Acceptable)

15600 Matthew Drive

Unit C

City

Ft Myers

FL

Zip Code

33907

8. The above named entity subscribes to 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 of person or persons authorized to sign and file application.

(NOTE: Registered Agent signature required when resigning)

DATE

[Signature] Louis Rosellini

11-17-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DD
NAME	McCash, Chris De
STREET ADDRESS	9250 College Pkwy Unit 1
CITY-STATE-ZIP	Ft Myers, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recipient or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other lines approved.

SIGNATURE:

[Signature] Louis Rosellini

Date

239 454 3650

Signature Printed Name

CR2E034B (12/02)



COPY

October 30, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Request for Waiver

To Whom it May Concern,

The Uniform Business Report (UBR) forms were never received for Dental Management Systems INC, Sunshine Dental Centers, P.A. and Just Dentures INC. we there for request a waiver of the deadline penalty fee.

If you should have any questions please contact me at 239-454-8571 or via e-mail: tomvanpelt@earthlink.net.

Sincerely,

Thomas A Van Pelt
COO
Dental Management Systems, INC



Put A Little Sunshine In Your Smile

November 18, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Letter Number: 903A00060956 Sunshine Dental Centers, PA

To Whom it May Concern,

We have received a letter returning our Uniform Business Report reference Florida Department of State Letter Number 903A00060956 dated November 7, 2003. On October 30, 2003 we had sent in the UBR and a letter requesting a waiver of the \$600.00 fee due to the fact we did not receive the required forms and had to go on to the Florida State website to download the Uniform Business Report.

Upon contacting a Document Specialist we have been instructed to return the original UBR with the copy of our original letter requesting the waiver and the UBR would be processed and the \$600.00 fee would be waived.

Thank you for your prompt attention to this matter clearing this is quite important to us.

If you should have any questions please feel free to contact me at 239-454-3650.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Rosellini', with a stylized flourish at the end.

Louis F. Rosellini
C.E.O. D.M.S.