

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018129

FILED
Mar 24, 2009
Secretary of State

Entity Name: SUNSHINE DENTAL GROUP P.A.

Current Principal Place of Business:

1843 SW 8 STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1843 SW 8 STREET
MIAMI, FL 33135

New Mailing Address:

240 NW 114 AVE UNIT# 101
MIAMI, FL 33172

FEI Number: 20-4267578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGA, ARMANDO
1843 SW 8 STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

ORTEGA, ARMANDO
240 NW 114 AVE UNIT #101
MIAMI, FL 33172 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: ARMANDO ORTEGA

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTEGA, ARMANDO
Address: 1843 SW 8 STREET
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORTEGA, ARMANDO
Address: 240 NW 114 AVE UNIT #101
City-St-Zip: MIAMI, FL 33172

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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO ORTEGA

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date