

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018129

**FILED**  
**May 02, 2010**  
**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:**

240 NW 114 AVE.  
UNIT # 101  
MIAMI, FL 33172

**Current Mailing Address:**

240 NW 114 AVE UNIT# 101  
MIAMI, FL 33172

**New Mailing Address:**

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  
240 NW 114 AVE UNIT #101  
MIAMI, FL 33172 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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: ARMANDO ORTEGA

P

05/02/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date