

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020884

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: RIVERVIEW FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

13037 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

13039 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33578 US

**Current Mailing Address:**

14722 HERONGLLEN DRIVE  
LITHIA, FL 33547 US

**New Mailing Address:**

FEI Number: 20-4280833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
SUITE 205  
RIVERVIEW, FL 33569 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SEHGAL, MAMTA  
Address: 14722 HERONGLLEN DR  
City-St-Zip: LITHIA, FL 33547 US

Title: MGR ( ) Delete  
Name: SEHGAL, RAJIVE  
Address: 14722 HERONGLLEN DR  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAJIVE SEHGAL

MGR

03/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date