

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000020884

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** RIVERVIEW FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

13039 SUMMERFIELD SQUARE DR  
RIVERVIEW, FL 33578 US

**New Principal Place of Business:**

**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:**

SEHGAL, RAJIVE  
14722 HERONGLLEN DR  
LITHIA, FL 33547 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

**OFFICERS AND DIRECTORS:**

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

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

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:** RAJIVE SEHGAL

MGR

03/17/2011

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

\_\_\_\_\_  
Date