

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091722

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** SUNSHINE DENTAL OF GULF BREEZE, P.A.

**Current Principal Place of Business:**

3474 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

3474 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 26-0731369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAK, NAGEEN B  
3474 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 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:** PRES  
**Name:** RAK, NAGEEN B  
**Address:** 3474 GULF BREEZE PARKWAY  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** VP  
**Name:** RAK, NAGEEN B  
**Address:** 3474 GULF BREEZE PARKWAY  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** SEC  
**Name:** RAK, NAGEEN B  
**Address:** 3474 GULF BREEZE PARKWAY  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** TREA  
**Name:** RAK, NAGEEN B  
**Address:** 3474 GULF BREEZE PARKWAY  
**City-St-Zip:** GULF BREEZE, FL 32563

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:** NAGEEN RAK

PRES

01/19/2010

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

\_\_\_\_\_  
Date