

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
May 26, 2011
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

OFFICERS AND DIRECTORS:

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

Title: D
Name: RAK, TIMOTHY A
Address: 3474 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: RAK, THOMAS
Address: 3474 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: RAK, RENATE
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 B. RAK

PD

05/26/2011

Electronic Signature of Signing Officer or Director

Date