

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089370

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: SUNCOAST DENTISTRY, P.A.

## Current Principal Place of Business:

2345 BEE RIDGE ROAD  
SUITE 4  
SARASOTA, FL 34239

## New Principal Place of Business:

6302 MANATEE AVENUE WEST  
SUITE B  
BRADENTON, FL 34209

## Current Mailing Address:

8133 SNOWY EGRET PLACE  
BRADENTON, FL 34202

## New Mailing Address:

6422 BARBERRY CT  
BRADENTON, FL 34202

FEI Number: 80-0272117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMS, LAURIE B ESQ  
2815 PROCTOR ROAD  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

VU, JOSEPH T DMD  
6422 BARBERRY CT  
BRADENTON, FL 34202 US

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: JOSEPH T VU

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete  
Name: VU, JOSEPH T  
Address: 8133 SNOWY EGRET PLACE  
City-St-Zip: BRADENTON, FL 34202

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition  
Name: VU, JOSEPH T  
Address: 6422 BARBERRY COURT  
City-St-Zip: BRADENTON, FL 34202

Title: VP ( ) Change (X) Addition  
Name: VU, JOSEPH T  
Address: 6422 BARBERRY COURT  
City-St-Zip: BRADENTON, FL 34202

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: JOSEPH T VU

PS

04/15/2009

Electronic Signature of Signing Officer or Director

Date