

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089370

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST DENTISTRY, P.A.

**Current Principal Place of Business:**

6302 MANATEE AVENUE WEST  
SUITE B  
BRADENTON, FL 34209

**New Principal Place of Business:**

8915 US HIGHWAY 301 N  
PARRISH, FL 34219

**Current Mailing Address:**

8170 LONGBAY BLVD  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 80-0272117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VU, JOSEPH T DMD  
8170 LONGBAY BLVD  
SARASOTA, FL 34243 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: P, S  
Name: VU, JOSEPH T  
Address: 8170 LONGBAY BLVD  
City-St-Zip: SARASOTA, FL 34243

Title: VP  
Name: VU, JOSEPH T  
Address: 8170 LONGBAY BLVD  
City-St-Zip: SARASOTA, FL 34243

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: JOSEPH T VU

PRES

03/05/2012

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

\_\_\_\_\_  
Date