

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109624

Entity Name: GURMAN K. SAHI, DMD, PA

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4400 W. SAMPLE ROAD  
118  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

4400 W. SAMPLE ROAD  
118  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 26-3909147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAHI, GURMAN K DMD  
4400 W. SAMPLE ROAD  
118  
COCONUT CREEK, FL 33073 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  
Name: SAHI, GURMAN K  
Address: 4400 W. SAMPLE ROAD, SUITE # 118  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D  
Name: DHILLON, AMRINDER  
Address: 4400 W. SAMPLE ROAD, SUITE # 118  
City-St-Zip: COCONUT CREEK, FL 33073 US

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: GURMAN SAHI

P

03/03/2011

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

\_\_\_\_\_  
Date