

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091340

**FILED**  
**Aug 29, 2011**  
**Secretary of State**

**Entity Name:** SABET FAMILY DENTISTY INCORPORATED

**Current Principal Place of Business:**

3442 LITHIA PINECREST RD  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

3442 LITHIA PINECREST RD  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:** 90-0539719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABET, JULIENNE V DDS  
1412 HOLLEMAN DR  
VALRICO, FL 33596 US

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

SABET, JULIENNE V DDS  
3632 CORDGRASS DR.  
VALRICO, FL 33596 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

08/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SABET, JULIENNE V DDS  
Address: 3632 CORGRASS DR  
City-St-Zip: VALRICO, FL 33596 US

Title: VP  
Name: SABET, KIYA D  
Address: 3632 CORDGRASS DR  
City-St-Zip: VALRICO, FL 33596 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: JULIENNE SABET

PRES

08/29/2011

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

\_\_\_\_\_  
Date