

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021199

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY FAMILY DENTISTRY , INC

**Current Principal Place of Business:**

16715 SW 10TH STREET  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

5675 S UNIVERSITY DRIVE  
DAVIE, FL 33328

**Current Mailing Address:**

16715 SW 10TH STREET  
PEMBROKE PINES,, FL 33027

**New Mailing Address:**

5675 S UNIVERSITY DRIVE  
DAVIE, FL 33328

**FEI Number:** 30-0609991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUMAN, K  
16715 SW 10TH STREET  
PEMBROKE PINES, FL 33027 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: JUMAN, K  
Address: 16715 SW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VP  
Name: JUMAN, SHANAZ  
Address: 16715 SW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: S  
Name: JUMAN, SHANAZ  
Address: 16715 SW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 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: K JUMAN

PRES

01/06/2011

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

\_\_\_\_\_  
Date