

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000021199

FILED
Apr 18, 2012
Secretary of State

Entity Name: UNIVERSITY FAMILY DENTISTRY , INC

Current Principal Place of Business:

5675 S UNIVERSITY DRIVE
DAVIE, FL 33328

New Principal Place of Business:

5675 S UNIVERSITY DRIVE
DAVIE, FL 33328 UN

Current Mailing Address:

5675 S UNIVERSITY DRIVE
DAVIE, FL 33328

New Mailing Address:

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

04/18/2012

Electronic Signature of Signing Officer or Director

Date