

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000062944

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

**Entity Name:** TAMPA SEDATION & FAMILY DENTISTRY, INC

**Current Principal Place of Business:**

16903 EQUESTRIAN TRAIL  
ODESSA, FL 33556 US

**New Principal Place of Business:**

8416 SHELDON ROAD  
TAMPA, FL 33615 US

**Current Mailing Address:**

16903 EQUESTRIAN TRAIL  
ODESSA, FL 33556 US

**New Mailing Address:**

8416 SHELDON ROAD  
TAMPA, FL 33615 US

**FEI Number:** 27-3168713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HA, DANG V  
16903 EQUESTRIAN TRAIL  
ODESSA, FL 33556 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: HA, DANG V  
Address: 16903 EQUESTRIAN TRAIL  
City-St-Zip: ODESSA, FL 33556

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: DANG HA

DR

05/03/2011

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

\_\_\_\_\_  
Date