2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# P11000058647

Entity Name: SA DENTISTRY P.A.

Current Principal Place of Business:

39342 US HWY 19 N
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

39342 US HWY 19 N
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 45-2610572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMIN, SEEMA
2896 WATERS EDGE DRIVE
PALM HARBOR, FL 34685 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,VP
Name: AMIN, SEEMA
Address: 2896 WATERS EDGE DRIVE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SEC
Name: AMIN, SEEMA
Address: 2896 WATERS EDGE DRIVE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TRES
Name: AMIN, SEEMA
Address: 2896 WATERS EDGE DRIVE
City-St-Zip: PALM HARBOR, FL 34685 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: SEEMA AMIN PRES 04/11/2012

Electronic Signature of Signing Officer or Director Date