

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026872

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** SHARON GILBERT, DMD, P.A.

**Current Principal Place of Business:**

2235 N.COMMERCE PKWAY  
SUITE #1  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2235 N.COMMERCE PKWAY  
SUITE #1  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0481818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, RICHARD L ESQ.  
SUITE 2000, MUSEUM TOWER  
150 W. FLAGLER STREET  
MIAMI, FL 33130 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** GILBERT, SHARON  
**Address:** 2235 N.COMMERCE PKWAY  
**City-St-Zip:** WESTON, FL 33326

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:** SHARON L. GILBERT DMD

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date