

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068900

FILED
Feb 23, 2006
Secretary of State

Entity Name: SUNSHINE DENTAL OF ORANGE CITY, P.A.

Current Principal Place of Business:

870-40 SAXON BLVD
ORANGE CITY, FL 32763 US

New Principal Place of Business:

2490 ENTERPRISE ROAD
ORANGE CITY, FL 32763 US

Current Mailing Address:

870-40 SAXON BLVD
ORANGE CITY, FL 32763 US

New Mailing Address:

2490 ENTERPRISE ROAD
ORANGE CITY, FL 32763 US

FEI Number: 59-3335236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METCALFE, JEFFREY C
870-40 SAXON BLVD
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

METCALFE, JEFFREY C
2490 ENTERPRISE ROAD
ORANGE CITY, FL 32763 US

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: J. METCALFE

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: METCALFE, JEFFREY
Address: 1502 COVERED BRIDGE ROAD
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: METCALFE, JEFFREY
Address: 1502 COVERED BRIDGE ROAD
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: STREMPPEL, HOLLY
Address: 870-40 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STREMPPEL, HOLLY
Address: 2490 ENTERPRISE ROAD
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: J. METCALFE

P

02/23/2006

Electronic Signature of Signing Officer or Director

Date