# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2010**
**Secretary of State**

DOCUMENT# P95000068900

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

**Current Principal Place of Business:**

2490 ENTERPRISE ROAD
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

2490 ENTERPRISE ROAD
ORANGE CITY, FL 32763 US

**New Mailing Address:**

1502 COVERED BRIDGE DR
DELAND, FL 32724 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
2490 ENTERPRISE ROAD
ORANGE CITY, FL 32763 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: DR.
Name: METCALFE, JEFFREY
Address: 1502 COVERED BRIDGE ROAD
City-St-Zip: DELAND, FL 32724

Title: DR.
Name: METCALFE, JEFFREY
Address: 1502 COVERED BRIDGE ROAD
City-St-Zip: DELAND, FL 32724

Title: MS
Name: KELLEY, GINA M
Address: 1502 COVERED BRIDGE DR
City-St-Zip: DELAND, FL 32724

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: JEFFREY C METCALFE DR 02/19/2010

Electronic Signature of Signing Officer or Director Date