

04/25/2004 21:58 7531718

HOWARD SCHWA

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90268 049 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000063749

1. Entity Name
 SUNSHINE DENTAL SERVICES, INC.



Principal Place of Business
 1515 UNIVERSITY DR.
 SUITE 109
 CORAL SPRINGS, FL 33071

Mailing Address
 1515 UNIVERSITY DR.
 SUITE 109
 CORAL SPRINGS, FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0690376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, HOWARD R
 C/O HOWARD SCHWARTZ
 1515 UNIVERSITY DR., SUITE 109
 CORAL SPRINGS, FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type

Signature of registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

DP
 LUU, CLAUDINE
 1515 UNIVERSITY DR., STE. 109
 CORAL SPRINGS, FL 33071

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Customs Phone #

260412004 (954) 762-1133