

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103642

FILED
Apr 22, 2009
Secretary of State

Entity Name: SUNSHINE DENTISTRY, P.A.

Current Principal Place of Business:

14953 N FLORIDA AVE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

14953 N FLORIDA AVE
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3482908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSI, ZIAD A DDS
2003 CAPE BEND AVE
TAMPA, FL 33613 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: D () Delete
Name: ASSI, ZIAD A DDS
Address: 2003 CAPE BEND AVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDS (X) Change () Addition
Name: ASSI, ZIAD A DDS
Address: 2003 CAPE BEND AVE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET LADUKE

OM

04/22/2009

Electronic Signature of Signing Officer or Director

Date