

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000098102

**FILED  
Mar 17, 2014  
Secretary of State  
CC9992729263**

**Entity Name:** SOUTH FLORIDA DENTAL SURGICAL SPECIALISTS, P.A.

**Current Principal Place of Business:**

9600 WEST SAMPLE ROAD  
SUITE 504  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

9600 WEST SAMPLE ROAD STE 406  
CORAL SPRINGS, FL 33065

**FEI Number:** 45-4640768

**Certificate of Status Desired:** Yes

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ELLIOT, JEFFREY  
Address        9600 WEST SAMPLE ROAD  
                  SUITE 504  
City-State-Zip: CORAL SPRINGS FL 33065

Title            VP  
Name            ELLIOT, SAMRA  
Address        9600 WEST SAMPLE ROAD  
                  SUITE 504  
City-State-Zip: CORAL SPRINGS FL 33065

*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 ELLIOT

**PRESIDENT**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date