

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091340

**Entity Name:** SABET FAMILY DENTISTY INCORPORATED

**Current Principal Place of Business:**

3442 LITHIA PINECREST RD  
VALRICO, FL 33596

**Current Mailing Address:**

3442 LITHIA PINECREST RD  
VALRICO, FL 33596 US

**FEI Number: 90-0539719**

**Certificate of Status Desired: No**

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

SABET, JULIENNE VDDS  
3442 LITHIA PINECREST RD  
VALRICO, FL 33596 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 P  
Name SABET, JULIENNE VDDS  
Address 3442 LITHIA PINECREST RD  
City-State-Zip: VALRICO FL 33596

Title VP  
Name SABET, KIYA D  
Address 3442 LITHIA PINECREST RD  
City-State-Zip: VALRICO FL 33596

*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: JULIENNE SABET**

**PRES**

**04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date