

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002044

FILED
Jan 14, 2006
Secretary of State

Entity Name: TREASURE COAST DENTAL SOCIETY, INC.

Current Principal Place of Business:

1100 SW ST LUCIE WEST BLVD
STE 207
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

139 S.W. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34984 US

Current Mailing Address:

1100 SW ST LUCIE WEST BLVD
STE 207
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

139 S.W. PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34984 US

FEI Number: 65-1065110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996 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: JAMES SOPKO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALLERY, ROBERT
Address: 979 FLAMEVINE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: STRAWN, JAMES DDS
Address: 5505 25TH STREET
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: ORLANDI, RAD DDS
Address: 3380 NE SUGARHILL AVE
City-St-Zip: JENSEN BEACH, FL 33757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: STRAWN, JAMES
Address: 5050 SOUTH 25TH ST
City-St-Zip: FT. PIERCE, FL 34982

Title: DR. (X) Change () Addition
Name: MATHENY, RICHARD A DDS
Address: 139 S.W. PORT ST. LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: DR. (X) Change () Addition
Name: ORLANDI, RAD DDS
Address: 3380 NE SUGARHILL AVE
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. ANTHONY MATHENY, DDS,PA

DR.

01/14/2006

Electronic Signature of Signing Officer or Director

Date