

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002044

FILED
Feb 27, 2007
Secretary of State

Entity Name: TREASURE COAST DENTAL SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1575 INDIAN RIVER BLVD
SUITE C-140
VERO BEACH, FL 32960 US

Current Mailing Address:

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

New Mailing Address:

1575 INDIAN RIVER BLVD
SUITE C-140
VERO BEACH, FL 32960 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: COLLINS III, GEORGE G
Address: 1575 INDIAN RIVER BLVD, SUITE C-140
City-St-Zip: VERO BEACH, FL 32960 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE G COLLINS III

SEC

02/27/2007

Electronic Signature of Signing Officer or Director

Date