

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90038 020 ***150.00

DOCUMENT # F35402

1. Entity Name

SUNCOAST DENTAL, INC.



Principal Place of Business

15950 BAY VISTA DR
SUITE 390
CLEARWATER FL 33760
US

Mailing Address

15950 BAY VISTA DR
SUITE 390
CLEARWATER FL 33760
US

2. Principal Place of Business

4500 140th Ave. No.
Suite, Apt. #, etc.
Suite 118
City & State
CLEARWATER, FL
Zip
33762 Country
PINELLAS

3. Mailing Address

4500 140th Ave. No.
Suite, Apt. #, etc.
Suite 118
City & State
CLEARWATER, FL
Zip
33762 Country
PINELLAS



MOORE

CR2E034 (11/03)

4. FEI Number 59-2097170

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODS, NORMA
15950 BAY VISTA DR
SUITE 390
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WOODS, NORMA
STREET ADDRESS 15950 BAY VISTA DR, SUITE 390
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Address ☒ Change ☐ Addition
NAME Norma Woods
STREET ADDRESS 4500 140th Ave. No, Suite 118
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma Woods

NORMA WOODS

4-8-04 (727) 536-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #