

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002044

Entity Name: TREASURE COAST DENTAL SOCIETY, INC.

Current Principal Place of Business:

421 SW BETHANY DRIVE
PORT ST LUCIE, FL 34986

Current Mailing Address:

421 SW BETHANY DRIVE
PORT ST LUCIE, FL 34986 US

FEI Number: 65-1065110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996 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 SARASOLA, JOSE
Address 3217 SW PORT SAINT LUCIE BLVD
City-State-Zip: PORT ST. LUCIE FL 34953

Title VP
Name HENRY, MATTHEW
Address 5070 HIGHWAY A1A # E
City-State-Zip: VERO BEACH FL 32963

Title T
Name ASKELAND, RYAN DMD
Address 421 SW BETHANY DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY
Name SCHWIBNER, JENNA
Address 7619 S VILLAGE SQUARE
City-State-Zip: VERO BEACH FL 32966

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RYAN E ASKELAND DMD

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04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date