

**2017 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            BETANCOURT, JAMES  
Address        70 ROYAL PALM POINT, STE. B  
City-State-Zip: VERO BCH FL 32960

Title            VP  
Name            ESSEN, DONOVAN  
Address        1500 SW MAPP RD  
City-State-Zip: PALM CITY FL 34990

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

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

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02/16/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date