## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011606

**Entity Name: ST AUGUSTINE DENTAL SOCIETY INCORPORATED** 

**FILED** Feb 19, 2024 **Secretary of State** 9314998095CC

**Current Principal Place of Business:** 

17 ENREDE LANE

ST AUGUSTINE. FL 32095

**Current Mailing Address:** 

17 ENREDE LANE

ST AUGUSTINE. FL 32095 US

FEI Number: 81-0786135 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HADGIS, CRAIG 17 ENREDE LANE

ST AUGUSTINE, FL 32095 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: CRAIG HADGIS 02/19/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

HADGIS, CRAIG JOHNSON, DOUG Name Name

Address 17 ENREDE LANE Address 1301 PLANTATION ISLAND DR S STE

ST AUGUSTINE FL 32095 City-State-Zip: City-State-Zip: ST AUGUSTINE FL 32080

Title VΡ

Title **TREASURER** MCKINLEY, HAILEY Name Name SUN, AMBER

Address 10 SAINT JOHNS MEDICAL PARK 17 ENREDE LANE

Address DRIVE, SUITE C

City-State-Zip: ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32086 City-State-Zip:

Title **SECRETARY** 

THOUSAND, JOHN Name

10 SAINT JOHNS MEDICAL PARK Address

DRIVE, SUITE C

ST AUGUSTINE FL 32086 City-State-Zip:

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.

02/19/2024 SIGNATURE: CRAIG HADGIS **PRESIDENT**