

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90038 002 ***150.00

DOCUMENT # 604094

1. Entity Name
DAVID M. WINKLER D.D.S., P.A.



Principal Place of Business
**3300 S TAMiami TRAIL
SARASOTA, FL 34239**

Mailing Address
**3300 S TAMiami TRAIL
SARASOTA, FL 34239**

50004149



2. Principal Place of Business

3. Mailing Address

01142005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

1728 MEADOWOOD ST.

Suite, Apt. #, etc.

1728 MEADOWOOD ST.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

59-1433826

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINKLER, DAVID M
3300 S TRAIL
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

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

1728 MEADOWOOD STREET

City

SARASOTA

FL

Zip Code

34231

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

01/17/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINKLER, DAVID M	
STREET ADDRESS	3300 S TRAIL	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINKLER, SHARON F.	
STREET ADDRESS	3300 S TRAIL	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BES ROCHERS, ROBERT A.	
STREET ADDRESS	1540 HILLVIEW DRIVE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARIEN, RONALD J.	
STREET ADDRESS	1343 HARBOR DRIVE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, DAVID M.	
STREET ADDRESS	1728 MEADOWOOD STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, SHARON F.	
STREET ADDRESS	1728 MEADOWOOD STREET	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 922-7478