

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90224 011 ***150.00

DOCUMENT # J33911

1. Entity Name

EQUIPOSE DENTAL PROSTHETICS, INC.



Principal Place of Business

%JEROME J GOODMAN
4744 S. OCEAN BLVD.
HIGHLAND BEACH FL 33431
US

Mailing Address

%JEROME J GOODMAN
4744 S. OCEAN BLVD.
HIGHLAND BEACH FL 33431
US



2. Principal Place of Business

7150 OLD BARN ROAD

3. Mailing Address

7150 OLD BARN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH FL

City & State

PONTE VEDRA BEACH FL

Zip

37087

Country

US

Zip

37087

Country

US

4. FEI Number

59-2739698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

GOODMAN, JEROME L.
4744 S OCEAN BLVD
HIGHLAND BEACH FL 33431

7. Name and Address of New Registered Agent

Name

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

7150 OLD BARN ROAD

City

PONTE VEDRA BEACH

FL

Zip Code

37087

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: X

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, 2005 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 PST ☐ Delete
NAME GOODMAN, JEROME J.
STREET ADDRESS 4744 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE D ☐ Delete
NAME GOODMAN, JEROME J.
STREET ADDRESS 4744 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BEACH FL

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 OLD BARN ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 37087

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7150 OLD BARN ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 37087

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #