2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State
06-04-2004 90003 012 ****61.25

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DOCUMENT # N00000002044

1. Entity Name
TREASURE COAST DENTAL SOCIETY, INC.

Principal Place of Business	Mailing Address
1100 SW ST LUCIE WEST BLVD STE 207 PORT SAINT LUCIE, FL 34986 US	1100 SW ST LUCIE WEST BLVD STE 207 PORT SAINT LUCIE, FL 34986 US

05042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1065110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLERY, ROBERT 979 FLAMEVINE LANE VERO BEACH, FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES STRAWN DDS 5505 25th Street Port Saint Lucie FL 34984	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBUS, BRIAN B JR 1100 SW ST LUCIE W BLVD STE 207 PORT SAINT LUCIE, FL 34986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAD ORLANDI DDS 3380 NE Sugarhill Avenue Jensen Beach FL 33457	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOL, MICHAEL D.D.S. 227 SE OCEAN BLVD STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: _____ 5/27/04 772-785-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 540567239

TREASURE COAST DENTAL SOCIETY

Indian River County • Saint Lucie County • Martin County • Okeechobee County

May 27, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2004 Not-For-Profit Corporation Annual Report
Document #N00000002044

Dear Sir or Madam:

Please note that the wrong address was listed for Treasure Coast Dental Society, and therefore, information related to our 2004 filing was not received until today.

I am enclosing a check for $61.25 for the filing fee and would appreciate if you update your records to change our address accordingly:

Treasure Coast Dental Society, Inc.
P.O. Box 881463
Port Saint Lucie, FL 34953

If you require any additional information, please do not hesitate to contact me at 772-785-8444.

Sincerely,

James Strawn, DDS
Vice President

JS:jab
Enclosures