

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90003 012 ****61.25

DOCUMENT # N00000002044

1. Entity Name
TREASURE COAST DENTAL SOCIETY, INC.



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

Mailing Address
**1100 SW ST LUCIE WEST BLVD
STE 207
PORT SAINT LUCIE, FL 34986 US**

04000733



2. Principal Place of Business

3. Mailing Address

05042004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1065110

Applied For
Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete
NAME **D CALLERY, ROBERT**
STREET ADDRESS **979 FLAMEVINE LANE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☒ Delete
NAME **D JACOBUS, BRIAN B JR**
STREET ADDRESS **1100 SW ST LUCIE W BLVD STE 207**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE ☒ Delete
NAME **D SHOL, MICHAEL D.D.S.**
STREET ADDRESS **227 SE OCEAN BLVD**
CITY-ST-ZIP **STUART, FL 34994**

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 ☐ Change ☒ Addition
NAME **JAMES STRAWN DDS**
STREET ADDRESS **5505 25th Street**
CITY-ST-ZIP **Port SAINT LUCIE FL 34984**

TITLE ☐ Change ☒ Addition
NAME **D RAD ORLANDI DDS**
STREET ADDRESS **3380 NE Sugarhill Avenue**
CITY-ST-ZIP **Jensen Beach FL 33457**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04

772-785-8444

Date

Daytime Phone #

Attachment

54056739

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:

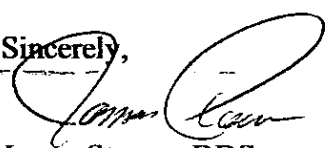
Please note that the wrong address was listed for Treasure Coast Dental Society, and therefore, information related to our 2004 filing was not received until today.

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