2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N00000002044

Entity Name: TREASURE COAST DENTAL SOCIETY, INC.

Current Principal Place of Business:

1575 INDIAN RIVER BLVD
SUITE C-140
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1575 INDIAN RIVER BLVD
SUITE C-140
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-1065110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: COLLINS III, GEORGE G
Address: 1575 INDIAN RIVER BLVD, SUITE C-140
City-St-Zip: VERO BEACH, FL 32960 US

Title: DR. ( ) Delete
Name: MATHENY, RICHARD A DDS
Address: 139 S.W. PORT ST. LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: DR. ( ) Delete
Name: COOK, MICHAEL DMD
Address: 10690 S US 1, SUITE A
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DR. (X) Change ( ) Addition
Name: GREENBARG, NANCY DMD
Address: 1801 SE 7TH ST C109
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR NANCY GREENBARG TRES 01/28/2009

Electronic Signature of Signing Officer or Director — Date