

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002044

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** TREASURE COAST DENTAL SOCIETY, INC.

**Current Principal Place of Business:**

3379 OCEAN DRIVE  
VERO BEACH, FL 32963 US

**New Principal Place of Business:**

421 SW BETHANY DRIVE  
PORT ST LUCIE, FL 34986 US

**Current Mailing Address:**

3379 OCEAN DRIVE  
VERO BEACH, FL 32963 US

**New Mailing Address:**

421 SW BETHANY DRIVE  
PORT ST LUCIE, FL 34986 US

**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:** PRES  
**Name:** BERENGUER, GASTON DMD  
**Address:** 969 S FEDERAL HWY  
**City-St-Zip:** STUART, FL 34994 US

**Title:** VP  
**Name:** KEOUGH, ALANA  
**Address:** 3379 OCEAN DRIVE  
**City-St-Zip:** VERO BEACH, FL 32963 US

**Title:** SEC  
**Name:** SARASOLA, JOSE  
**Address:** 3217 SW PORT ST LUCIE BLVD  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** T  
**Name:** ASKELAND, RYAN DMD  
**Address:** 421 SW BETHANY DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

**SIGNATURE:** RYAN ASKELAND DMD

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02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date