

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012107

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** DENTAL OUTREACH OF COLLIER, INC.

**Current Principal Place of Business:**

2375 TAMIAMI TRAIL NORTH SUITE 110  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2375 TAMIAMI TRAIL NORTH SUITE 110  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 27-1546428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'SULLIVAN, DAVID J DMD  
987 HIGH POINT DR  
NAPLES, FL 34103 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:** O'SULLIVAN, DAVID J  
**Address:** 987 HIGH POINT DRIVE  
**City-St-Zip:** NAPLES, FL 34103

**Title:** VP  
**Name:** CRANDALL, JAMES J  
**Address:** 27499 RIVERVIEW CENTER BLVD #127  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** SEC  
**Name:** CULLINAN, LEO R  
**Address:** 4933 TAMIAMI TRAIL NO  
**City-St-Zip:** NAPLES, FL 34103

**Title:** TREA  
**Name:** GUSTASON, RONALD W  
**Address:** 2375 TAMIAMI TRAIL NO STE 110  
**City-St-Zip:** NAPLES, FL 34103

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:** RONALD W GUSTASON

TREA

01/06/2011

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

\_\_\_\_\_  
Date