

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # N33528

1. Entity Name
**THE GOLD COAST ACADEMY OF GENERAL DENTISTRY,
INC.**

Principal Place of Business
**% DR. ROBERT J. FISH
7737 N UNIVERSITY DR, S100
FT. LAUDERDALE, FL 33321 US**

Mailing Address
**% DR. ROBERT J. FISH
7737 N UNIVERSITY DR, S100
FT. LAUDERDALE, FL 33321 US**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0152101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISH, ROBERT J., (DR)
7737 N UNIVERSTIY DR 100
TAMARAC, FL 33321**

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IN THIS SPACE**

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 *Robert J. Fish*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEPHERD, PATRICK P
STREET ADDRESS	2860 S. SEACREST BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	DP
NAME	FISH, ROBERT J.
STREET ADDRESS	7737 N UNIVERSITY DR, S100
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	GORDON, HARVEY P.
STREET ADDRESS	1051 N. 35TH AVE.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80019-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Patrick Shepherd DDS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-2007

Date

Daytime Phone #