## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000069126

Entity Name: GOLD COAST DENTAL, INC.

FILED Mar 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

399 SE OAKRIDGE DR 68 W. CARIBBEAN

PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34952

**Current Mailing Address: New Mailing Address:** 

399 SE OAKRIDGE DR 68 W. CARIBBEAN

PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34952

FEI Number: 65-1118348 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HEADLEE, ARTHUR W HEADLEE, ARTHUR W 399 SE OÁKRIDGE DR 68 W. CARIBBEAN

PORT ST LUCIE, FL 34984 US PORT ST LUCIE, FL 34952 US

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: 03/09/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition HEADLEE, ARTHUR W PRESID Name: HEADLEE, ARTHUR W PRESID Name: 399 SE OAKRIDGE DRIVE 68 W. CARIBBEAN Address: Address:

City-St-Zip: PORT ST. LUCIE, FL 34984 City-St-Zip: PORT ST. LUCIE, FL 34952

( ) Delete Title: Title: (X) Change ( ) Addition HEADLEE, JUDITH A SEC Name: HEADLEE, JUDITH A SEC Name:

399 SE OAKRIDGE DRIVE 68 W. CARIBBEAN Address: Address:

PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34952 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR W. HEADLEE **PRES** 03/09/2006