

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90060 037 ***150.00

DOCUMENT # P03000098895

1. Entity Name

TREASURE COAST PERIODONTICS, PA



Principal Place of Business

Mailing Address

2. Principal Place of Business

900 EAST OCEAN BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

BLDG. A, SUITE 102

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

Zip

34994

Country

USA

Zip

Country

4. FEI Number

03-0498095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORAN, JAMES J

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

J. Horan

PLEASE NOTE ADDRESS CHANGE

2-10-04

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRES	HORAN, JAMES J		
STREET ADDRESS	900 EAST OCEAN BLVD., BLDG. A,		
CITY-ST-ZIP	STE. 102, STUART, FL 34994		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: X

J. Horan

2-10-04

Date

(772) 781-0744

Daytime Phone #