


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000120935</b> 1. Entity Name <b>TREASURE COAST PERIODONTICS, P.A.</b>					
Principal Place of Business <b>900 EAST OCEAN BLVD BLDG A, SUITE 102 STUART FL 34994</b>			Mailing Address <b>900 EAST OCEAN BLVD BLDG A, SUITE 102 STUART FL 34994</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>03-0498095</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HORAN, JAMES J DMD 900 EAST OCEAN BLVD. BLDG. A, SUITE 102 STUART FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> <b>HORAN, JAMES J</b> <b>900 EAST OCEAN BLVD., BLDG. A, SUITE 102</b> <b>STUART FL 34994</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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:** *James J Horan DMD*