# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2008**
**Secretary of State**

DOCUMENT# P07000077564

**Entity Name:** TREASURE COAST PROSTHODONTICS, INC.

**Current Principal Place of Business:**

1801 S.E. HILLMOOR DRIVE
NO. C-210
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

1801 S.E. HILLMOOR DRIVE
SUITE C-210
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

201 ARKONA COURT
C/O DAVIS & GIARDINO, P.A.
WEST PALM BEACH, FL 33401

**New Mailing Address:**

1801 S.E. HILLMOOR DRIVE
SUITE C-210
PORT ST. LUCIE, FL 34952

**FEI Number: 26-0491448** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DAVIS & GIARDINO, P.A.
201 ARKONA COURT
WEST PALM BEACH, FL 33401 US

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

SQUIER, RACHEL S DR.
1801 SE HILLMOOR DRIVE
SUITE C-210
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: RACHEL S. SQUIER 01/20/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete
Name: SQUIER, RACHEL S
Address: 1801 S.E. HILLMOOR DRIVE, NO. C-210
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: SQUIER, RACHEL S DR.
Address: 1801 S.E. HILLMOOR DRIVE, SUITE. C-210
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify 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: RACHEL S. SQUIER PRES 01/20/2008
Electronic Signature of Signing Officer or Director Date