

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000065400

1. Entity Name
NATURE COAST DENTISTRY, P.A.



Principal Place of Business
3835 NORTH LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 US

Mailing Address
3835 NORTH LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 US



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3332699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMARGO, GELSON D.D.S.
3835 N.LECATHO HWY
BEVERLY HILLS, FL 34465

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPF
NAME CAMARGO, GELSON D.D.S.
STREET ADDRESS 3835 N. LECANTO HWY
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE S
NAME CAMARGO, OLGA
STREET ADDRESS 3835 N. LECANTO HWY
CITY-ST-ZIP BEVERLY HILLS, FL 34465

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1000000517895
05/01/06-80055-007 150.00

**DO NOT WRITE
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 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: Gelson Camargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.06

352-7463525

Date

Daytime Phone #