2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 All Secretary of State

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DOCUMENT # P95000065400						Secreta	ry of St
1. Entity Name NATURE COAST DENTISTRY: P.A. COMM. Comments of the coast dentistry of the co							
Principal Plac	The state of the s						
3835 NORTH	H LECANTO HIGHWAY 上於神经學科學學	835 NORTH LECANTO HIGHW	AY-2-	1			
BEVERLY HILLS, FL 34465 US T. Als & BEVERLY HILLS, FL 34465 CUS							
			03222007 No Chg-P CR2E034 (11/05)				
	O NOT WRITE II	CE	4. FEI Numbe		· · · · · · ·	Applied For	
		-	59-3332			Not Applicable	
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Regis	tered Agent		<u>, l</u>			
CAMARCO	O GELSON DDS		-	NOT W			
CAMARGO, GELSON D.D.S. 3835 N.LECATHO HWY			DO NOT WRITE				
BEVERLY HILLS, FL 34465				IN T	THIS SP	ACE	,
							4
9 The above	named entity submits this statement for the	ournose of changing its register	ed office or regist	ered agent or bot	h in the State of Fir	vida I em familia:	with and accept
	tions of registered agent.	surpose or enteriging its register.	od omod or rogion	area agent, or son	n, m mo otalo or re	and a restriction	with and doop!
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required				rod when romelaling)		DATE	
,	Signature, typed or printed name or registered agent and line	iii appiicatie (NOTE, negistale	a Agent signature requi	TO WHOM THE RELEASE OF			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees			
10.	OFFICERS AND DIRE	CTORS		Na e		žiģiji t -	,
TITLE NAME	DPF CAMARGO, GELSON D.D.S.			,			e
STREET ADDRESS	3835 N. LECANTO HWY				•		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		-{		•		
TITLE NAME	CAMARGO, OLGA		i				
STREET ADDRESS	3835 N. LECANTO HWY						ŀ
CITY-SI-ZIP TITLE	BEVERLY HILLS, FL 34465		1		,		ì
NAME					,	•	` .
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TITLE			1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME							
STREET ADDRESS CITY-ST-ZIP			·	·			, ,
12. I hereby indicated	certify that the information supplied with this to be a supplied with this to be a supplemental report is true	iling does not qualify for the ex and accurate and that my signa	emptions contain ture shall have the	ed in Chapter 119 e same legal effec	Florida Statutes. It as if made under	further certify the oath; that I am an	t the information officer or director
of the cor changed	certify that the information supplied with this i d on this report or supplemental report is true rporation or the receiver or trustee empowere , or on an attachment with an address, with a	a to execute this report as requi il other like empowered.	red by Chapter 6	uz, Florida Statutė	s; and that my nam		
				1.	VI . NO		716267

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SIGNATURE: 🗹