

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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**



03052008 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. LECANTO 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000919908
05/14/08-80023-007 150.00**

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**

TITLE
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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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3527463525

4.13.08

Date

Daytime Phone #