


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000028252</b> 1. Entity Name <b>TREASURE COAST ORAL AND MAXILLOFACIAL SURGERY, INC.</b>					
Principal Place of Business <b>1265 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952 US</b>			Mailing Address <b>1265 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0654013</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, JEFFREY M 1265 SE PORT ST LUCIE BLVD PT ST LUCIE FL 34952</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 reconstituting) Signature, typed or printed name of registered agent and title if applicable <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BROWN, JEFFREY M		NAME	1100000442427	
STREET ADDRESS	133 DOMINION CT		STREET ADDRESS	03/04/06-80017-013 150.00	
CITY-ST-ZIP	FT. PIERCE FL 34949		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0654013** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 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:** Jeffrey M. Brown Jeffrey M. Brown 2/16/06 (770) 337-4771  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #