

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028252

FILED
Feb 24, 2010
Secretary of State

Entity Name: TREASURE COAST ORAL AND MAXILLOFACIAL SURGERY AND DENTAL IMPLANT SURGERY CENTER, INC.

Current Principal Place of Business:

1265 SE PORT ST LUCIE BLVD
PT ST LUCIE, FL 34952 US

New Principal Place of Business:

1265 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

1265 SE PORT ST LUCIE BLVD
PT ST LUCIE, FL 34952 US

New Mailing Address:

1265 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0654013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JEFFREY M
1265 SE PORT ST LUCIE BLVD
PT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

BROWN, JEFFREY M
1265 SE PORT SAINT LUCIE BLVD
PORT SAINT 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:

02/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BROWN, JEFFREY M
Address: 1265 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY M. BROWN

PRES

02/24/2010

Electronic Signature of Signing Officer or Director

Date