

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90254 021 \*\*\*150.00

**DOCUMENT # P96000034716**

1. Entity Name  
WILLIAM H. MCELVEEN III, D.M.D., P.A.



Principal Place of Business  
1980 LINCOLN DR  
SUITE 1  
SARASOTA, FL 34236 US

Mailing Address  
1980 LINCOLN DR  
SARASOTA, FL 34236 US

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0660031

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCELVEEN, WILLIAM H 111  
1980 LINCOLN DR  
SARASOTA, FL 34236

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MCELVEEN, WILLIAM H
STREET ADDRESS	1980 LINCOLN DRIVE
CITY - ST - ZIP	SARASOTA, FL
TITLE	Secretary
NAME	Irma E Torres
STREET ADDRESS	10350 Saddle bow lane
CITY - ST - ZIP	Sarasota FL 34241
TITLE	Treasurer
NAME	Irma E Torres
STREET ADDRESS	10350 Saddle bow lane
CITY - ST - ZIP	Sarasota FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2/10/05

X 941-951-6128