

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM**

**Secretary of State**

**DOCUMENT # P98000043712**

1. Entity Name

OCEAN OAKS DENTAL GROUP OF VERO, P.A.



Principal Place of Business

979 FLAMEVINE LANE  
VERO BEACH, FL 32963

Mailing Address

979 FLAMEVINE LANE  
VERO BEACH, FL 32963



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3511460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FROELICH, PETER G  
979 FLAMEVINE LANE  
VERO BEACH, FL 32963

**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, 2006 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 FROELICH, PETER G  
STREET ADDRESS 979 FLAMEVINE LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE DTS  
NAME MCDONALD, ROBERT B  
STREET ADDRESS 979 FLAMEVINE LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE DVP  
NAME CALLERY, ROBERT L  
STREET ADDRESS 979 FLAMEVINE LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000408152  
02/08/06-80027-025 150.00

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. CALLERY

1/26/06

772-231-4755

Date

Daytime Phone #