

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90210 027 ***150.00

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**



2. Principal Place of Business - No P.O. Box #

880 37TH PLACE

3. Mailing Address

880 37TH PLACE

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

01052007

Chg-P

CR2E034 (12/06)

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

59-3511460

Applied For

☐ Not Applicable

Zip
32960

Country
U.S.

Zip
32960

Country
U.S.

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**

7. Name and Address of New Registered Agent

Name **ROBERT L. CALLERY**

Street Address (P.O. Box Number is Not Acceptable)
880 37TH PLACE

SUITE 101

City **VERO BEACH**

FL

Zip Code
32960

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.

ROBERT L. CALLERY

(NOTE: Registered Agent signature required when reinstating)

1/11/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☒ Delete
NAME **FROELICH, PETER G**
STREET ADDRESS **979 FLAMEVINE LANE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DTS** ☒ Change ☐ Addition
NAME **MCDONALD, ROBERT B.**
STREET ADDRESS **880 37TH PLACE, STE. 101**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **DP** ☒ Change ☐ Addition
NAME **CALLERY, ROBERT L.**
STREET ADDRESS **880 37TH PLACE, STE 101**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1/11/07 (772) 569-4424