

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90051 048 ***150.00

DOCUMENT # P98000093344

1. Entity Name
DCA/WILSON SUITE, INC.



Principal Place of Business

1 SOUTH SCHOOL AVE
STE 1000
SARASOTA, FL 34237

Mailing Address

1 SOUTH SCHOOL AVE
STE 1000
SARASOTA, FL 34237

40013346



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAAFFE, MICHAEL S
240 S PINEAPPLE AVE, TENTH FLOOR
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 | P |
| NAME | MATZKIN, STEVEN |
| STREET ADDRESS | 1 SOUTH SCHOOL AVENUE STE 1000 |
| CITY-ST-ZIP | SARASOTA, FL 342376046 |
| TITLE | P |
| NAME | LOGAN, SAM MR |
| STREET ADDRESS | 4032 RED ROCK LANE |
| CITY-ST-ZIP | SARASOTA, FL 342313543 |
| TITLE | P |
| NAME | VICK MAURICE MR |
| STREET ADDRESS | PO BOX 6119 |
| CITY-ST-ZIP | SARASOTA, FL 34278 |
| TITLE | P |
| NAME | DENTAL CARE ALLIANCE |
| STREET ADDRESS | 15 SCHOOL AVENUE STE 1000 |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| TITLE | P |
| NAME | MERCEDES, MEDICAL |
| STREET ADDRESS | 7590 COMMERCE CT. |
| CITY-ST-ZIP | SARASOTA, FL 34243 |
| TITLE | P |
| NAME | Steven King |
| STREET ADDRESS | 250 Bearded oak Drive |
| CITY-ST-ZIP | SARASOTA, FL 34237 |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/05

941-955-3150