


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

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
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01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0892838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000706871 04/24/07-80050-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATZKIN, STEVEN 1 SOUTH SCHOOL AVENUE STE 1000 SARASOTA, FL 342376046
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOGAN, SAM MR 4032 RED ROCK LANE SARASOTA, FL 342313543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KING, STEVEN 250 BEARDED OAK DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DENTAL CARE ALLIANCE 15 SCHOOL AVENUE STE 1000 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: SA. J. Matzkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #