

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 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



01212008 No Chg-P CR2E034 (11/05)

**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, 2008 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 KING, STEVEN  
STREET ADDRESS 250 BEARDED OAK DR  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE P  
NAME DENTAL CARE ALLIANCE  
STREET ADDRESS 15 SCHOOL AVENUE STE 1000  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000851750  
03/26/08-80002-002 150.00

**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

Date

Daytime Phone #

03/10/08