

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093344

Entity Name: DCAWILSON SUITE, INC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

1 SOUTH SCHOOL AVE  
STE 1000  
SARASOTA, FL 34237

## New Principal Place of Business:

## Current Mailing Address:

1 SOUTH SCHOOL AVE  
STE 1000  
SARASOTA, FL 34237

## New Mailing Address:

FEI Number: 65-0892838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAAFFE, MICHAEL S  
240 S PINEAPPLE AVE, TENTH FLOOR  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MATZKIN, STEVEN  
Address: 1 SOUTH SCHOOL AVENUE STE 1000  
City-St-Zip: SARASOTA, FL 342376046

Title: P ( ) Delete  
Name: LOGAN, SAM MR  
Address: 4032 RED ROCK LANE  
City-St-Zip: SARASOTA, FL 342313543

Title: P ( ) Delete  
Name: KING, STEVEN  
Address: 250 BEARDED OAK DR  
City-St-Zip: SARASOTA, FL 34232

Title: P (X) Delete  
Name: DENTAL CARE ALLIANCE,  
Address: 15 SCHOOL AVENUE STE 1000  
City-St-Zip: SARASOTA, FL 34237

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: DENTAL CARE ALLIANCE,  
Address: 1 S. SCHOOL AVENUE, SUITE 1000  
City-St-Zip: SARASOTA, FL 34237

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN R. MATZKIN

MGR

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date