

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90100 046 ***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**

60007638



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P MATZKIN, STEVEN 1 SOUTH SCHOOL AVENUE STE 1000 SARASOTA FL 34237-6046	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	P [Signature]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P. MR. SAM LOSAN 4032 Red Rock Ln. Sarasota, FL 34231-5543
<input type="checkbox"/> Delete	P [Signature]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P. Mr. Maurice Vick P.O. Box 6119 SARASOTA, FL 34278
<input type="checkbox"/> Delete	P [Signature]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P. Mr. David Berger ATHCO 1009 Tailevast Rd. SARASOTA, FL 34243
<input type="checkbox"/> Delete	P [Signature]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P. Dental Care Alliance 1 S. School Ave, Ste 1000 SARASOTA, FL 34237
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 #

CR2E034 (10/02)