

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N19000003620

Entity Name: DDS4VETS, INC.

Current Principal Place of Business:

1860 SW FOUNTAINVIEW BLVD
SUITE 100
PORT ST LUCIE, FL 34986

Current Mailing Address:

PO BOX 881595
PORT ST LUCIE, FL 34988 US

FEI Number: 83-4696730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, COLLEEN B
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 US

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

Officer/Director Detail :

Title D, P
Name DOHERTY, DEBORAH
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title D, VP
Name DEAN, KEITH
Address 819 SW FEDERAL WAY, STE 300
City-State-Zip: STUART FL 34994

Title D, S
Name BELGARD, SUSAN
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title T
Name COLVIN, DEE
Address 10380 SW VILLAGE CENTER DRIVE
T203
City-State-Zip: PORT SAINT LUCIE FL 34987

Title D
Name COBB, THOMAS
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title D
Name EVANS, WALTER
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title D
Name EVANS, RITA
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title D
Name SICOLI, PETER
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN B. SULLIVAN

DIRECTOR

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name RODRIGUEZ-TORRES, RANDALL
Address 10190 SW VILLAGE PKWY
STE. 105
City-State-Zip: PORT SAINT LUCIE FL 34986

Title D
Name ROSEN, JOSEPH
Address 1860 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title D
Name SULLIVAN, COLLEEN
Address 4420 BEACON CIRCLE
City-State-Zip: WEST PALM BEACH FL 33407