

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003620

Entity Name: DDS4VETS, INC.

Current Principal Place of Business:

10576 SW VISCONTI WAY
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: Yes

Name and Address of Current Registered Agent:

CIOFFI, JAMES ESQ.
250 TEQUESTA DRIVE
200
TEQUESTA, FL 33469 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: JAMES CIOFFI, ESQ

01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, P
Name DOHERTY, DEBORAH
Address 10576 SW VISCONTI WAY
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 4292 SE WHITEBREAD ROAD
City-State-Zip: PORT ST LUCIE FL 34953

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 1044 GRAY ROAD
City-State-Zip: COCOA FL 32926

Title D
Name EVANS, WALTER
Address 9624 SW ROYAL POINCIANA DRIVE
City-State-Zip: PORT ST LUCIE FL 34987

Title D
Name EVANS, RITA
Address 9624 SW ROYAL POINCIANA DR
City-State-Zip: PORT ST LUCIE FL 34987

Title D
Name SICOLI, PETER
Address 2940 SW MAPP ROAD
City-State-Zip: PALM CITY FL 34990

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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: DEBORAH DOHERTY

PRESIDENT

01/31/2022

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 10550 SW WATERWAY LANE
City-State-Zip: PORT ST LUCIE FL 34987

Title D
Name KOHL, COLLEEN B ESQ.
Address 250 SW TEQUESTA DRIVE
200
City-State-Zip: TEQUESTA FL 33469