

**2021 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes

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

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

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

*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**

**01/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date