

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003620

Entity Name: DDS4VETS, INC.

Current Principal Place of Business:

1940 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:

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

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name DOHERTY, DEBORAH
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title EXECUTIVE VICE-PRESIDENT
Name COLTON, MICHAEL
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title VICE-PRESIDENT, VP
Name LEMEN, BRIAN
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name STEELE, CAITLIN
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name KEARNS, SHARON
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name BERRY, STEVE
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name COSTELLO, STEPHEN
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name FILOWITZ, WAYNE
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Continues on page 2

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

CEO/PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name GALANTI, JOHN
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name STEIN, RICHARD
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name CHRIS, MIRET
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name SARASIN, JEFF
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986

Title MEMBER
Name EVANS, WALTER
Address 1940 SW FOUNTAINVIEW BLVD
SUITE 100
City-State-Zip: PORT ST LUCIE FL 34986