

DOCUMENT # 732996

1. Entity Name

FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

502 EAST JEFFERSON ST
TALLAHASSEE FL 32301
US502 EAST JEFFERSON ST
TALLAHASSEE FL 32301-2537
US

2. Principal Place of Business

1530 Metropolitan Blvd

3. Mailing Address

1530 Metropolitan Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32308

Country

Zip

32308

Country

4. FEI Number

59-1677431

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

Name

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

1530 Metropolitan Blvd.

City

Tallahassee

FL

Zip Code

32308

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.

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	MUNOZ, PHILLIP	
STREET ADDRESS	2810 INDUSTRIAL PLAZA DR., #A	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUNDEN, INGE	
STREET ADDRESS	4326 HIGHLAND PARK BLVD STE 2	
CITY-ST-ZIP	LAKE LAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVPD	<input type="checkbox"/> Delete
NAME	PARKER, WILLIAM	
STREET ADDRESS	4014 SANDPIPER COURT	
CITY-ST-ZIP	PALM HARBOR FL 34684	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDMAN, DAVID	
STREET ADDRESS	311-F NOLAN DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PED	<input type="checkbox"/> Delete
NAME	HARRELL, RICHARD	
STREET ADDRESS	14333 58TH ST NORTH	
CITY-ST-ZIP	CLEARWATER FL 34620	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 ke empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

850 224-0711

Daytime Phone #