

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732996

FILED
Jan 13, 2012
Secretary of State

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Current Principal Place of Business:

325 JOHN KNOX ROAD
STE L-103
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX ROAD
STE L-103
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-1677431 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAPIER, BENNETT
325 JOHN KNOX ROAD
STE L-103
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: SANSONE, DENISE
Address: 2480 EAST COMMERCIAL BLVD STE 1
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP
Name: WADE, ERIC CDT
Address: 14333 58TH ST N
City-St-Zip: CLEARWATER, FL 33760 US

Title: SEC
Name: CABRAL, KRISTEN
Address: 3659 TAMPA RD
City-St-Zip: OLDSMAR, FL 34677 US

Title: T
Name: FUCARINO, MORRIS CDT
Address: 8411 SW 60TH AVE
City-St-Zip: BUSNELL, FL 33513 US

Title: ED
Name: NAPIER, BENNETT CAE
Address: 325 JOHN KNOX RD, STE L103
City-St-Zip: TALLAHASSEE, FL 32303 US

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: BENNETT NAPIER, CAE

ED

01/13/2012

Electronic Signature of Signing Officer or Director

Date