

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# 753257

Entity Name: FLORIDA DENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1113 EAST TENNESSEE STREET
SUITE 300
TALLAHASSEE, FL 323086914 US

New Principal Place of Business:

Current Mailing Address:

C/O DANIEL J. BUKER
1111 E. TENNESSEE ST.,
TALLAHASSEE, FL 323086914 US

New Mailing Address:

FEI Number: 59-2019148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUKER, DANIEL J MR
1111 E. TENNESSEE ST.
TALLAHASSEE, FL 32308 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: PD () Delete
Name: NISSEN, LARRY W DR
Address: 280 N SYKES CREEK PKY #C
City-St-Zip: MERRITT ISLAND, FL 329533491 US

Title: SD () Delete
Name: RUSSELL, DAVID L DR
Address: 14 RACETRACK RD NW
City-St-Zip: FT WALTON BEACH, FL 325471642 US

Title: MD () Delete
Name: NORMAN, THOMAS E MR
Address: 1113 E TENNESSEE ST STE#300
City-St-Zip: TALLAHASSEE, FL 323086914 US

Title: VPD () Delete
Name: WALTON III, JAMES F DR
Address: 1280 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 323121710 US

Title: TD () Delete
Name: LASTRA, IDALIA DR
Address: 2498 SW 3RD AVE
City-St-Zip: MIAMI, FL 331292031 US

Title: VPD () Delete
Name: D'AUITO, WILLIAM C DR
Address: 195 BRIARCLIFF DR #111
City-St-Zip: LONGWOOD, FL 327794443 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS E. NORMAN

MD

01/05/2007

Electronic Signature of Signing Officer or Director

Date