

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753257

FILED  
Jan 15, 2010  
Secretary of State

**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: VPD  
Name: STEVENS, BARRY H DR  
Address: 2365 PARK ST  
City-St-Zip: JACKSONVILLE, FL 322044317 US

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

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

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

Title: SD  
Name: FRIEDEL, ALAN E DR  
Address: 2627 NE 203RD ST #112  
City-St-Zip: AVENTURA, FL 33180 US

Title: VPD  
Name: D'AUITO, WILLIAM C DR  
Address: 195 BRIARCLIFF DR #111  
City-St-Zip: LONGWODD, FL 327794443 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: JACK A. MOORE

CFO

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date