

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004735

FILED
Jan 24, 2010
Secretary of State

Entity Name: PEDO GATORS, INC.

Current Principal Place of Business:

DEPARTMENT OF PEDIATRIC DENTISTRY
1600 SW ARCHER RD
GAINESVILLE, FL 326100426

New Principal Place of Business:

DEPARTMENT OF PEDIATRIC DENTISTRY
1600 SW ARCHER RD
GAINESVILLE, FL 326100426 US

Current Mailing Address:

DEPARTMENT OF PEDIATRIC DENTISTRY
1600 SW ARCHER RD
GAINESVILLE, FL 326100426

New Mailing Address:

DEPARTMENT OF PEDIATRIC DENTISTRY
1600 SW ARCHER RD
GAINESVILLE, FL 326100426 US

FEI Number: 20-1125248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOMB, TIMOTHY
2808 ENTERPRISE RD.
102
DEBARY, FL 32713 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: P
Name: BARNES, DANIEL
Address: 1440 REED CANAL RD
City-St-Zip: PORT ORANGE, FL 32129

Title: ST
Name: ROBYN LESSER
Address: 12113 W. LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: ED
Name: PRIMOSCH, ROBERT
Address: UNIVERSITY OF FLORIDA P.O. BOX 100426
City-St-Zip: GAINESVILLE, FL 326100426

Title: V
Name: ROZANSKI, RONALD
Address: 1500 SE 17TH ST BLDG 300
City-St-Zip: OCALA, FL 34471

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: ROBERT E. PRIMOSCH

ED

01/24/2010

Electronic Signature of Signing Officer or Director

Date