

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26588

FILED
Mar 03, 2004
Secretary of State

Entity Name: DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

800 N. MILLS AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 N. MILLS AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2887067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINO, NICHOLAS J.
535 VERSAILLES DR., SUITE 150
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BROXTON, LINDA R
800 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

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: LINDA R. BROXTON

03/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTESON, ROB
Address: 1340 TUSKAWILLA RD. #108
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: ALTMAN, RICHARD,
Address: 338 N. MAGNOLIA AVE.,#C
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: PELLARIN, ROBERT,
Address: 201 MORAY LANE
City-St-Zip: ORLANDO, FL

Title: PP () Delete
Name: KAHN, BERNARD
Address: 926 N MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: DT () Delete
Name: VALLILLO, MICHAEL
Address: 112 E LUCERNE CIR
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: PRICE, ALAN
Address: 199 E WELBOURNE AVE
City-St-Zip: WINTER PARK, FL 32789

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:

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

Title: () Change () Addition
Name:
Address:
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 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 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: ROB MATTESON

P

03/03/2004

Electronic Signature of Signing Officer or Director

Date