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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #. 717996 (3)

1. Corporation Name

~~FLORIDA SOCIETY OF PERIODONTISTS INCORPORATED~~
FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

Principal Place of Business

Mailing Address

C/O MRS. FRANCES N. ALLEN
P.O. BOX 743
CLINTON MS 39080
US

6/6 DR SAM LOW
U.F. DEPT. PERIO. BOX J434
GAINESVILLE FL 32610
US

3. Date Incorporated or Qualified

02/02/1970

4. FEI Number

23-7264533

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 32308

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FOSTER, ROBERT MCK
1897 PALM BEACH LAKES BLVD., SUITE 219
W. PALM BEACH FL 33409~~

81 Name

DOZIER, JOHN S.

82 Street Address (P.O. Box Number is Not Acceptable)

2929-A Capital Medical Boulevard

83

84 City

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TO
LOW, SAM DR
U.F. DEPT OF PERIODONTOLOGY, BOX J434
GAINESVILLE FL 32610

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CHASE, STEPHEN DR
7600 RED RD., STE. #216
MIAMI FL 33143

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LODATO, FRANK DR
2510 W. VIRGINIA AVE.
TAMPA FL 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ROGERS, RAYMOND ☐ Change ☐ Addition

President
300 GATLIN AVENUE
ORLANDO, FL 32806

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DOZIER, JOHN S ☐ Change ☐ Addition

President Elect
2929-A CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

LOW, SAM ☐ Change ☐ Addition

Immediate Past President
U.F. DEPT OF PERIODONTOLOGY, BOX J434
GAINESVILLE, FL 32610

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John S. Dozier

3/7/98

(2505)
EX-0414

CR2E037 (10/97)