2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90035 002 ****70.00

44003899

DOCUMENT # 717996

1. Entity Name
FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

Principal Place of Business	Mailing Address
~~2612 W HENRY AVE~~ ~~TAMPA, FL 33614~~ US 4949 marbrisa Dr. #1007 Tampa, FL 33624	P.O. BOX 15442 TAMPA, FL 33684 US

2. Principal Place of Business	3. Mailing Address
4949 marbrisa Dr.	same as
Suite, Apt. #, etc. #1007	Suite, Apt. #, etc. above
City & State Tampa, FL	City & State
Zip 33624 Country US	Zip Country

01182004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7264533
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RADICE, RAQUEL 2612 W HENRY AVE TAMPA, FL 33614	Name: same Street Address (P.O. Box Number is Not Acceptable) 4949 marbrisa Dr. #1007 City: Tampa FL Zip Code: 33624

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Raquel Radice 1/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVENS, CAROL W 19180 AUESADA AVE PORT CHARLOTTE, FL 33948	☑ Delete	PD Thomas Copulos 1000 NW 9 ct 106 Boca Raton, FL 33486	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHANATRY, MICHAEL 3595 CARDINAL POINT DR JACKSONVILLE, FL 32257	☑ Delete	S E Hank Towle P.O. Box 100434 Gainesville, FL 32610	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARTHUR, HAROLD R 331 N MAITLAND AVENUE MAITLAND, FL 32751	☑ Delete	PD Mark Forrest 601 N. Flamingo Road #318 Pembroke Pines, FL 33028	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAPULOS, THOMAS A 1000 NW 9 CT 106 BOCA RATON, FL 33486	☑ Delete	VPD Michael Chanatry 3595 Cardinal Point Dr. Jacksonville, FL 32257	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADICE, RAQUEL 2612 W HENRY AVE TAMPA, FL 33614	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raquel Radice 1/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #