

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717996

FILED
Jan 04, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

Current Principal Place of Business:

34049 WOODLAND CIRCLE
RIDGE MANOR, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

34049 WOODLAND CIRCLE
RIDGE MANOR, FL 33523 US

New Mailing Address:

FEI Number: 23-7264533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, MARLINDA
34049 WOODLAND CIRCLE
RIDGE MANOR, FL 33523 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: ST
Name: RAMIREZ, JORGE
Address: 7600 RED ROAD #216
City-St-Zip: SOUTH MIAMI, FL 33143

Title: O
Name: ALTSCHULER, GARY DR
Address: 2251 NW 41ST ST. #F
City-St-Zip: GAINESVILLE, FL 32606

Title: P
Name: COHEN, LEE R DR
Address: 4520 DONALD ROSS RD. #110
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: O
Name: OXFORD, GREG DR
Address: 100 WHETSTONE PL. #308
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: O
Name: WILSON, JAMES DR
Address: 1810 S. MACDILL
City-St-Zip: TAMPA, FL 33629

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: MARLINDA FULTON

ED

01/04/2010

Electronic Signature of Signing Officer or Director

Date