

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717996

Entity Name: FLORIDA ASSOCIATION OF PERIODONTISTS, INC.**Current Principal Place of Business:**4371 ORTONA LANE
WESLEY CHAPEL, FL 33543**Current Mailing Address:**4371 ORTONA LANE
WESLEY CHAPEL, FL 33543 US**FEI Number: 23-7264533****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FULTON, MARLINDA
4371 ORTONA LANE
WESLEY CHAPEL, FL 33543 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name JOHNSON, PATRICK
Address 5111 EHRlich RD. #150
City-State-Zip: TAMPA FL 33624

Title VP
Name ROMANO, RODRIGO
Address 7701 SW 62ND AVE. #A-1
City-State-Zip: S. MIAMI FL 33143

Title TREASURER
Name STILLEY-MALLAH, JESSICA
Address 1741 W. FLETCHER AVE.
City-State-Zip: TAMPA FL 33612

Title OFFICER
Name COLON, WALTER
Address 1614 W. PLAZA DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title EXECUTIVE SECRETARY
Name FULTON, MARLINDA
Address 4371 ORTONA LANE
City-State-Zip: WESLEY CHAPEL FL 33543

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**EXECUTIVE DIRECTOR****01/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date