

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717996

Entity Name: FLORIDA ASSOCIATION OF PERIODONTISTS, INC.**Current Principal Place of Business:**34049 WOODLAND CIRCLE
RIDGE MANOR, FL 33523**Current Mailing Address:**34049 WOODLAND CIRCLE
RIDGE MANOR, FL 33523 US**FEI Number:** 23-7264533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULTON, MARLINDA
34049 WOODLAND CIRCLE
RIDGE MANOR, FL 33523 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	OFFICER
Name	RAMIREZ, JORGE
Address	7600 RED ROAD #216
City-State-Zip:	SOUTH MIAMI FL 33143

Title	TREASURER
Name	ABDONEY, MARK ADR
Address	2714 W. AZEELE
City-State-Zip:	TAMPA FL 33609

Title	OFFICER
Name	CHURNEY, ROBERT DR.
Address	28469 US HIGHWAY 19 NORTH #401
City-State-Zip:	CLEARWATER FL 33761

Title	PRESIDENT
Name	ALTSCHULER, GARY DR
Address	2251 NW 41ST ST. #F
City-State-Zip:	GAINESVILLE FL 32606
Title	OFFICER
Name	TERRY, BEATRIZ DR
Address	8720 N. KENDALL DRIVE, #103
City-State-Zip:	MIAMI FL 33176
Title	EXECUTIVE SECRETARY
Name	FULTON, MARLINDA
Address	34049 WOODLAND CIRCLE
City-State-Zip:	RIDGE MANOR FL 33523

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**EXEC. SEC.****01/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date