2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723820

Entity Name: FLORIDA DENTAL ASSOCIATION, INC.

FILED
Jan 18, 2013
Secretary of State
CC3993723198

Current Principal Place of Business:

C/O DANIEL J. BUKER 1111E. TENNESSEE ST. TALLAHASSEE, FL 32308

Current Mailing Address:

C/O DANIEL J. BUKER 1111E. TENNESSEE ST. TALLAHASSEE, FL 32308 US

FEI Number: 59-0615479 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUKER, DANIEL JMR 1111E TENNESSEE ST TALLAHASSEE, FL 32308-6914 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:

THE TREDIDENT FLEEDT, DIRECTOR THE OL	Title	PRESIDENT-ELECT, DIRECTOR	Title	CEO
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Name BUCKENHEIMER, TERRY L DR. Name BUKER, DANIEL J

Address 3906 W NEPTUNE ST Address 1111 E TENNESSEE ST

City-State-Zip: TAMPA FL 33629-5829 City-State-Zip: TALLAHASSEE FL 32308-6914

Title CFO Title PRESIDENT, DIRECTOR
Name MOORE, JACK A Name JERNIGAN, KIM DR.
Address 463 STONEHOUSE BOAD Address 3928 SUMMIT BLVD

Address 463 STONEHOUSE ROAD Address 3928 SUMMIT BLVD SUITE #10

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: PENSACOLA FL 32503

Title VP, DIRECTOR Title TREASURER

NameATTANASI, RALPH DR.NameMILLER, PAUL R DR.Address14000 MILITARY TRL #110Address6838 MADISON STREET

City-State-Zip: DELRAY BEACH FL 33484-2600 City-State-Zip: NEW PORT RICHEY FL 34652-1931

Title VP, DIRECTOR Title COO

NameSTEVENSON, RICHARD DR.NamePAYTON, RUSSELLAddress6851 BELFORT OAKS PLACEAddress1111 E. TENNESSEE ST.City-State-Zip:JACKSONVILLE FL 32216-6242City-State-Zip: TALLAHASSEE FL 32308

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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: JACK A. MOORE CFO 01/18/2013

Officer/Director Detail Continued:

Title CHIEF LEGAL COUNSEL Title EDITOR

Name NICOL, GRAHAM H Name PAUL, JOHN DR.

Address 1111 E. TENNESSEE ST. Address 2024 EDGEWOOD DR S

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: LAKELAND FL 33803-3637

Title SPEAKER OF THE HOUSE Title SECRETARY, DIRECTOR Name PANSICK, ETHAN DR. Name D'AIUTO, WILLIAM C DR.

Address 14000 MILITARY TRAIL #110 Address 195 BRIARCLIFF DRIVE

SUITE 1111
City-State-Zip: DELRAY BEACH FL 33484-2600

City-State-Zip: DEEKAT BEACTIFE 33464-2000 City-State-Zip: LONGWOOD FL 32779-4443

Title IMMEDIATE PAST-PRESIDENT, DIRECTOR
Name SABATES, CESAR DR.

Address 747 PONCE DE LEON BLVD

SUITE #609

City-State-Zip: CORAL GABLES FL 33134-2074