2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723820

Entity Name: FLORIDA DENTAL ASSOCIATION, INC.

Number 1 Drive and Discount Durance

Current Principal Place of Business:

C/O ANDREW J. EASON 545 JOHN KNOX ROAD, SUITE #200 TALLAHASSEE, FL 32303

Current Mailing Address:

C/O ANDREW J. EASON 545 JOHN KNOX ROAD, SUITE #200 TALLAHASSEE, FL 32303 US

FEI Number: 59-0615479 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EASON, ANDREW J MR 545 JOHN KNOX ROAD, SUITE #200 TALLAHASSEE, FL 32303 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: ANDREW J. EASON 04/30/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Name

Title CEO Title CHIEF OPERATING OFFICER/ CHIEF

EASON, ANDREW J FINANCIAL OFFICER

Name GRUBER, GREGORY W
Address 545 JOHN KNOX ROAD, SUITE #200

Address 545 JOHN KNOX ROAD, SUITE #200 City-State-Zip: TALLAHASSEE FL 32303

City-State-Zip: TALLAHASSEE FL 32303

Title FIRST VICE PRESIDENT, OFFICER
Title SPEAKER OF THE HOUSE, OFFICER

Name PAUL, JOHN DR. Name ILKKA, DON DR.

Address 545 JOHN KNOX ROAD, SUITE #200
Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT, OFFICER Title DIRECTOR

Name TERRY, BEATRIZ DR. Name PASQUAL, JOHN DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR Title DIRECTOR

Name GLERUM, KAREN DR. Name CORDOBA, JOHN DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

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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: GREGORY W. GRUBER COO-CFO 04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 30, 2024

Secretary of State

2160363446CC

Date

Officer/Director Detail Continued:

Title PRESIDENT-ELECT, OFFICER Title TREASURER, OFFICER
Name OTTLEY, JEFF DR. Name ROMANO, RODRIGO DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

Title

DIRECTOR

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name BROWN, TOM DR. Name HUGHES, BERT DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR Title DIRECTOR

Name MARTIN, EDDIE DR. Name GRASSIN, FRED DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR Title SECOND VICE PRESIDENT, OFFICER

Name BULNES, CHRIS DR. Name GESEK, DAN DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR Title DIRECTOR

Name HARRISON, REESE DR. Name MUFSON, RICHARD DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303

Title IMMEDIATE PAST PRESIDENT, OFFICER Title DIRECTOR

Name BIRD, GERALD DR. Name DOUGLAS, BETHANY DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303

Title EDITOR, OFFICER Title DIRECTOR

Name WUNDERLICH, HUGH DR. Name SUDHANSHU, DESAI SAM DR.

Address 545 JOHN KNOX ROAD, SUITE #200 Address 545 JOHN KNOX ROAD, SUITE #200

City-State-Zip: TALLAHASSEE FL 32303