

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732996

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

FILED
Jan 21, 2016
Secretary of State
CC3540416887

Current Principal Place of Business:

325 JOHN KNOX ROAD
STE L-103
TALLAHASSEE, FL 32303

Current Mailing Address:

325 JOHN KNOX ROAD
STE L-103
TALLAHASSEE, FL 32303 US

FEI Number: 59-1677431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEDDAEUS, JILLIAN
325 JOHN KNOX ROAD
STE L-103
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: JILLIAN HEDDAEUS

01/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PERRICONE, GAIL
Address 3501 PARKWAY CENTER CT
City-State-Zip: ORLANDO FL 32808

Title SEC
Name HERRERA, LENNY CDT
Address 2324 SW 56TH TERR
City-State-Zip: WEST PARK FL 33023

Title VP
Name DELEON, FERNANDO
Address 100 N PARK AVE
City-State-Zip: APOPKA FL 32703

Title ED
Name HEDDAEUS, JILLIAN CMP
Address 325 JOHN KNOX RD, STE L103
City-State-Zip: TALLAHASSEE FL 32303

Title TREASURER
Name JACKSON, DOUG CDT
Address 609 MAITLAND AVE STE 6
City-State-Zip: ALTAMONTE SPRING FL 32701

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: JILLIAN HEDDAEUS

EXECUTIVE DIRECTOR

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date