

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732996

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

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

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name SARTORIS, DORY
Address 8842 GOODBY'S EXEC DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT
Name WÜNSCHE, ALEXANDER
Address 14241 SW 120TH STREET, SUITE 102
City-State-Zip: MIAMI FL 33186

Title TREASURER
Name PETERSON, CHRIS
Address 601 N CONGRESS AVE STE 111A
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name DOUG, JACKSON
Address 609 MAITLAND AVE STE. 6
City-State-Zip: ALTAMONTE SPRINGS 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

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date