

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732996

**Entity Name:** FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC0493850492**

**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:**

NAPIER, BENNETT  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            FUCARINO, MORRIS CDT  
Address        8411 SW 60TH AVE  
City-State-Zip: BUSHNELL FL 33513

Title            PE  
Name            BROWN, KRISTEN  
Address        3659 TAMPA RD  
City-State-Zip: OLDSMAR FL 34677

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

Title            T  
Name            ODEH, MAHER CDT  
Address        2329 W MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title            ED  
Name            NAPIER, BENNETT CAE  
Address        325 JOHN KNOX RD, STE L103  
City-State-Zip: TALLAHASSEE FL 32303

*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: BENNETT NAPIER, CAE**

**EXECUTIVE DIRECTOR**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date