

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732996

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

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**3895652008CC**

**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**

**01/28/2019**

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 PRESIDENT  
Name STEVENSON, TIM  
Address 5 WILLIAM TELL LN  
City-State-Zip: BEVERLY HILLS FL 34465

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

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

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

*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**

**01/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date