

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732996

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

FILED
Feb 07, 2013
Secretary of State
CC6654769729

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 WADE, ERIC
Address 14333 58TH ST N
City-State-Zip: CLEARWATER FL 33760

Title PE
Name FUCARINO, MORRIS
Address 8400 SW 60TH AVE
City-State-Zip: BUSHNELL FL 33513

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

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

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

ED

02/07/2013

Electronic Signature of Signing Officer/Director Detail

Date