

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004735

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC5941309563**

**Entity Name:** PEDO GATORS, INC.

**Current Principal Place of Business:**

DEPARTMENT OF PEDIATRIC DENTISTRY  
1600 SW ARCHER RD  
GAINESVILLE, FL 32610-0426

**Current Mailing Address:**

DEPARTMENT OF PEDIATRIC DENTISTRY  
1600 SW ARCHER RD  
GAINESVILLE, FL 32610-0426 US

**FEI Number:** 20-1125248

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLOMB, TIMOTHY  
2808 ENTERPRISE RD.  
102  
DEBARY, FL 32713 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 VP  
Name ROBYN LESSER  
Address 12113 W. LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33626  
  
Title PRESIDENT  
Name ROZANSKI, RONALD  
Address 1500 SE 17TH ST BLDG 300  
City-State-Zip: OCALA FL 34471

Title EXECUTIVE SECRETARY  
Name PRIMOSCH, ROBERT  
Address UNIVERSITY OF FLORIDA P.O. BOX  
100426  
City-State-Zip: GAINESVILLE FL 32610-0426  
  
Title SECRETARY  
Name MCDONNELL, SEAN  
Address 1440 REED CANAL ROAD  
3  
City-State-Zip: PORT ORANGE FL 32129

*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:** ROBERT E. PRIMOSCH

**ED**

**01/25/2016**

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

\_\_\_\_\_  
Date