

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003121

**Entity Name:** THE FOUNDATION FOR DENTAL LABORATORY TECHNOLOGY, INC.**FILED**  
**Feb 07, 2013**  
**Secretary of State**  
**CC2907025388****Current Principal Place of Business:**325 JOHN KNOX ROAD  
L-103  
TALLAHASSEE, FL 32303**Current Mailing Address:**325 JOHN KNOX ROAD  
L-103  
TALLAHASSEE, FL 32303 US**FEI Number: 26-2381417****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NAPIER, BENNETT CAE  
325 JOHN KNOX ROAD  
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	C
Name	WARNER-WOJDAN, BARBARA CDT
Address	3659 TAMPA RD
City-State-Zip:	OLDSMAR FL 34677

Title	VC
Name	HERMANIDES, LEON CDT
Address	15955 NE 85TH ST., STE# 204
City-State-Zip:	REDMOND WA 98052

Title	IPC
Name	DELAPA, R.J. JR, CDT
Address	187 W EXCHANGE ST
City-State-Zip:	AKRON OH 44302

Title	T
Name	KREYER, ROBERT CDT
Address	5601 ARNOLD ROAD
City-State-Zip:	DUBLIN CA 94568

Title	T
Name	WALDROP, CHRIS CDT
Address	131 LYON LANE
City-State-Zip:	BIRMINGHAM AL 35211

Title	T
Name	MARTIN, HENRY CDT
Address	33 GAMECOCK AVE
City-State-Zip:	CHARLESTON SC 29470

Title	ED
Name	NAPIER, BENNETT
Address	325 JOHN KNOX RD L-103
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