

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED
Feb 06, 2015
Secretary of State
CC2525853290

Entity Name: THE FOUNDATION FOR DENTAL LABORATORY
TECHNOLOGY, INC.

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 HERMANIDES, CDT, LEON CDT
Address 15955 NE 85TH STREET.
#204
City-State-Zip: REDMOND WA 98052

Title VC
Name STRONK, JEFF
Address 3877 S. 400 E
City-State-Zip: SALT LAKE CITY UT 84115

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

Title PC
Name DELAPA, R.J. JR.
Address 261 SOUTH AVENUE
City-State-Zip: TALLMADGE OH 44278

Title B
Name BUDNY, RENATA CDT, TE
Address 300 JAY ST, P 409
City-State-Zip: BROOKLYN NY 11201

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 E. NAPIER, CAE

EXECUTIVE DIRECTOR

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date