

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000011338

**Entity Name:** MARION COUNTY DENTAL ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**5030449404CC****Current Principal Place of Business:**212 S. MAGNOLIA AVENUE  
OCALA, FL 34471**Current Mailing Address:**P.O. BOX 4916  
OCALA, FL 34478 US**FEI Number: APPLIED FOR****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSARIO, LUIS  
212 S. MAGNOLIA AVENUE  
OCALA, FL 34471 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: LUIS ROSARIO****04/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	D, VP
Name	AMIR, SIMON	Name	BARATELLI, DIEGO
Address	P.O. BOX 4916	Address	P.O. BOX 4916
City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478
Title	D	Title	D, PRESIDENT
Name	EDWARDS, JAMES	Name	ROSARIO, LUIS
Address	P.O. BOX 4916	Address	P.O. BOX 4916
City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478
Title	DIRECTOR	Title	DIRECTOR
Name	LECORN, DEMETRICK	Name	NIXON, ELIZABETH
Address	P.O. BOX 4916	Address	P.O. BOX 4916
City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478
Title	D, TREASURER		
Name	BELIN, MONIQUE		
Address	P.O. BOX 4916		
City-State-Zip:	OCALA FL 34478		

*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: SIMON AMIR****D****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date