

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000011338

**Entity Name:** MARION COUNTY DENTAL ASSOCIATION OF NORTH  
CENTRAL FLORIDA, INC.**Current Principal Place of Business:**2720 S.E. 17TH STREET  
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:**AMIR, JAMIE  
2720 S.E. 17TH STREET  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title D  
Name AMIR, JAMIE  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title VPD  
Name AMIR, SIMON  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title PD  
Name STRANGE, LEAH  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title D  
Name WELDON, DANIEL  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title D  
Name GILL, CHARLIE  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title D  
Name EDWARDS, JIM  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title STD  
Name BARTLING, BILL  
Address P.O. BOX 4916  
City-State-Zip: OCALA FL 34478Title D  
Name JACKSON, SCOTT  
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: LEAH STRANGE****PRESIDENT****04/26/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date