2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

800 N. MILLS AVENUE
ORLANDO, FL 32803

Current Mailing Address:

800 N. MILLS AVENUE
ORLANDO, FL 32803

FEI Number: 59-2887067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, SHARON N
800 NORTH MILLS AVENUE
ORLANDO, FL 32803 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	P
Name	BEATTIE, JOHN DR.
Address	401 N. MILLS AVENUE
City-State-Zip:	ORLANDO FL 32803

Title	T
Name	ARTHUR, HAROLD DR.
Address	331 N MAITLAND AVE STE A4
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	MILLER, KATIE DR.
Address	650 N. WYMORE RD STE 203
City-State-Zip:	WINTER PARK FL 32789

Title	VP
Name	LEMIEUX, PETER G DR.
Address	1185 ORANGE AVE
City-State-Zip:	WINTER PARK FL 32789

Title	SECRETARY
Name	JOHNSON, LUCIEN III DR.
Address	1951 S ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	COOK, GARY DR.
Address	2718 N. ORANGE AVE
City-State-Zip:	ORLANDO FL 32804

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: JOHN BEATTIE PRESIDENT 04/08/2019

Electronic Signature of Signing Officer/Director Detail — Date