

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701066

FILED
May 06, 2010
Secretary of State

Entity Name: PINELLAS COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

2473 14 AVE N
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2473 14 AVE N
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-1494624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEE, CHRISTINE A MRS
2473 14 AVE N
ST PETERSBURG, FL 33713 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

OFFICERS AND DIRECTORS:

Title: P
Name: RAFAEL, PALAGANAS DDS
Address: .8201 -113TH ST. N.
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP
Name: AMY, ANDERSON DMD
Address: 6601-9TH AVE. NO
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: D
Name: TY, SCHWEIGER DMD
Address: 100-153RD AVE.
City-St-Zip: MADEIRA BEACH, FL 33706 US

Title: T
Name: GORDON, NORTON DDS
Address: 1911-80TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D
Name: INSOF, MICHAEL DMD
Address: 6700 CROSSWINDS DR. #300B
City-St-Zip: ST. PETERSBURG, FL 33710

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: TY SCHWEIGER

D

05/06/2010

Electronic Signature of Signing Officer or Director

Date