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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 27 AM 11:03

DOCUMENT # **705514** **(8)**

1. Corporation Name

**THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5051 MEMORIAL HWY.<br>SUITE O<br>TAMPA FL 33634<br>US | 5051 MEMORIAL HWY.<br>TAMPA FL 33634<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1963
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-1313117 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

CUNNANE, WILIAM G
5051 MEMORIAL HWY.
TAMPA FL 33634

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~P~~ | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ~~CAMPBELL, DR., JAMES D~~ | 12 NAME | |
| STREET ADDRESS | ~~7 W. 23RD STREET~~ | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ~~PANAMA CITY FL~~ | 14 CITY-ST-ZIP | |
| TITLE | ~~D~~ T. | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MOSQUERA, DR., ARTHURO F | 22 NAME | |
| STREET ADDRESS | 1245 GALLOWAY ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | REED, DR., R.R. (KIM) | 32 NAME | |
| STREET ADDRESS | 2720 S.E 17TH STREET | 33 STREET ADDRESS | |
| CITY ST ZIP | OCALA FL | 34 CITY-ST-ZIP | |
| TITLE | ~~T~~ P | 41 TITLE | ☐ Change ☐ Addition |
| NAME | HARRISON, DR., JOHN B | 42 NAME | |
| STREET ADDRESS | 545 4TH AVENUE SOUTH | 43 STREET ADDRESS | |
| CITY ST ZIP | ST. PETERSBURG FL | 44 CITY ST ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | OSSI, DR., BEN J | 52 NAME | |
| STREET ADDRESS | 3434 ATLANTIC BLVD, BLDG B | 53 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 54 CITY ST ZIP | |
| TITLE | ~~P~~ S | 61 TITLE | ☐ Change ☐ Addition |
| NAME | ELLIOTT, DR., LARRY F | 62 NAME | |
| STREET ADDRESS | 1825 N.E. 45TH STREET, SUITE B | 63 STREET ADDRESS | |
| CITY ST ZIP | FT. LAUDERDALE, FL | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Larry J. Elliott 3-6-95 913 884-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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