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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 705514 (8)
1. Corporation Name
THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Principal Place of Business

Mailing Address

5051 MEMORIAL HWY.
SUITE O
TAMPA FL 33634
US5051 MEMORIAL HWY.
TAMPA FL 33634-7355
US3. Date Incorporated or Qualified
04/23/19633a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

59-1313117

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNNANE, WILLIAM G
5051 MEMORIAL HWY.
TAMPA FL 33634

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PS* ☐ DELETE
NAME MOSQUERA, DR., ARTHURO F
STREET ADDRESS 1245 GALLOWAY ROAD
CITY-ST-ZIP MIAMI FL1.1 TITLE *S* ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE *RT* ☐ DELETE
NAME REED, DR., R.R. (KIM)
STREET ADDRESS 2720 S.E. 17TH STREET
CITY-ST-ZIP Ocala FL2.1 TITLE *D Chapman, Steven* ☒ Change ☒ Addition
2.2 NAME *108 N Palm Ave*
2.3 STREET ADDRESS *PALATKA, FL 32077*
2.4 CITY-ST-ZIPTITLE *P* ☒ DELETE
NAME HARRISON, DR. JOHN B
STREET ADDRESS 545 4TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL3.1 TITLE *D* ☒ Change ☒ Addition
3.2 NAME *Kochennour, William*
3.3 STREET ADDRESS *3005 ENTERPRISE RD E.*
3.4 CITY-ST-ZIP *Clearwater, FL 34619*TITLE *OP* ☐ DELETE
NAME OSSI, DR., BEN J
STREET ADDRESS 3434 ATLANTIC BLVD, BLDG B
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE *P* ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE *SLP* ☐ DELETE
NAME ELLIOTT, DR., LARRY F
STREET ADDRESS 1825 N.E. 45TH STREET, SUITE B
CITY-ST-ZIP FT. LAUDERDALE, FL5.1 TITLE *VP* ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE *STEVENS, LUCAS E.* ☐ DELETE
NAME *1309 THOMASWOOD DR*
STREET ADDRESS *TALLAHASSEE, FL 32312*
CITY-ST-ZIP6.1 TITLE *D* ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *William G. Cunnane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

d-5-97

Cunnane
813 884-6777

Date

Daytime Phone # 0048939

CR2E037 (9/96)