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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **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 US	5051 MEMORIAL HWY. TAMPA FL 33634 US

3. Date Incorporated or Qualified: 04/23/1963

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2415 W. AZEELE ST.	26 2415 W. AZEELE ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33609 Country 25	Zip 29 33609 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: JOEL T. PATTERSON
82 Street Address (P.O. Box Number is Not Acceptable): 2415 W. AZEELE ST
83
84 City: TAMPA FL 85 Zip Code: 33609

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 617.0508, Florida Statutes.

SIGNATURE: [signature] JOEL T PATTERSON, EXECUTIVE DIRECTOR 4/29/98
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	S	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	MOSQUERA, DR., ARTHURO F		1.2 NAME		
STREET ADDRESS	1245 GALLOWAY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	REED, DR., R.R. (KIM)		2.2 NAME		
STREET ADDRESS	2720 S.E 17TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, STEVEN		3.2 NAME		
STREET ADDRESS	108 NO PALM AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		3.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OSSI, DR., BEN J		4.2 NAME		
STREET ADDRESS	3434 ATLANTIC BLVD, BLDG B		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, DR., LARRY F		5.2 NAME		
STREET ADDRESS	1825 N.E. 45TH STREET, SUITE B		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	S	☑ Change ☐ Addition
NAME	STEVENS, LUCAS E		6.2 NAME		
STREET ADDRESS	1309 THOMASWOOD DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: [signature] JOEL T PATTERSON, EXECUTIVE DIRECTOR 4/29/98

COMPONENT
AMERICAN
ASSOCIATION OF
ORTHODONTIST

Florida Association of Orthodontists
2415 West Azeele Street
Tampa, Florida 33609
(813) 258-3493

EXECUTIVE COMMITTEE 1998-1999

OFFICERS

Dr. Arturo F. Mosquera, President
1245 Galloway Rd.
Miami, Florida 33174
305-264-3355
Fax: 305-264-3745

Dr. R. R. (Kim) Reed, Vice President
2720 S.E. 17th St.
Ocala, Florida 34471
352-732-5111
Fax: 352-622-1288

Dr. Lucas E. Stevens, Secretary
1309 Thomaswood Dr.
Tallahassee, Florida 32312-2915
850-385-2822
Fax: 850-385-9476

Dr. William L. Kochenour, Treasurer
3005 Enterprise Rd., East
Clearwater, Florida 33759
813-796-2456
Fax: 813-796-8364

DIRECTORS

Dr. Steve A. Chapman
3520 St. Johns Ave.
Palatka, Florida 32177
904-328-8351
Fax: 904-329-9424

Dr. Robert S. Goldie
7051 Dr. Phillips Blvd., Suite 9
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Fax: 407-363-7003

Dr. David R. Carden
3540 S. Third St.
Jacksonville Beach, Florida 32250
904-241-2471
Fax: 904-241-5673

Dr. Brian B. Jacobus, Jr.
1100 S.W. St. Lucie West Blvd., Ste 207
Port St. Lucie, Florida 34986
561-340-0023
Fax: 561-340-0840

EXECUTIVE DIRECTOR

Joel T. Patterson, C.P.A.
2415 West Azeele Street
Tampa, Florida 33609
813-254-4411
Fax: 813-250-9118

PAST PRESIDENTS

Dr. John Harrison
Dr. Ben J. Ossi
Dr. Larry F. Elliott