2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705514

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

LISSETTE ADKINS 5100 BURCHETTE RD #3300 TAMPA, FL 33647 US

Current Mailing Address: New Mailing Address:

LISSETTE ADKINS 5100 BURCHETTE RD #3300 TAMPA, FL 33647 US

FEI Number: 59-1313117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEMES, LISSETTE M MS. 5100 BURCHETTE RD #3300 TAMPA, FL 33647 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 GOLDIE, ROBERT S DR

 Address:
 7051 DR. PHILLIPS BLVD #9

City-St-Zip: ORLANDO, FL 32619 US

Title: V () Delete Name: CARDEN, DAVID R DR

Address: 3540 S THIRD ST City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S () Delete Name: JACOBUS, BRIAN B DR

Address: 1100 SW ST. LUCIE W BLVD #207

City-St-Zip: PORT ST. LUCIE, FL 34986 US

 Title:
 T
 () Delete

 Name:
 CORO, JORGE DR

 Address:
 896 S DIXIE HWY

City-St-Zip: CORAL GABLES, FL 33146 US

 Title:
 D
 () Delete

 Name:
 TAPLEY, PATRICIA M DR

 Address:
 320 NORTHWEST 76TH DR

 City-St-Zip:
 GAINESVILLE, FL 32607 US

 Title:
 D
 () Delete

 Name:
 RIGSBY, RANDALL P DR.

 Address:
 3969 SPANISH TRAIL

 City-St-Zip:
 PENSECOLA, FL 32504 US

ADDITIONO, OTTAINED TO OTTAINED BINEO

Title: P (X) Change () Addition Name: CARDEN, DAVID R DR

Name: CARDEN, DAVID R DR Address: 3540 S THIRD ST

City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: V (X) Change () Addition

Name: JACOBUS, BRIAN B DR

Address: 1100 SW ST. LUCIE W BLVD #207 City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: S, T (X) Change () Addition

Name: CORO, JORGE DR Address: 896 S DIXIE HWY

City-St-Zip: CORAL GABLES, FL 33146 US

 $\begin{array}{lll} \mbox{Title:} & \mbox{D} & (\mbox{X}) \mbox{ Change () Addition} \\ \mbox{Name:} & \mbox{TAPLEY, PATRICIA M DR} \end{array}$

Address: 320 NORTHWEST 76TH DR City-St-Zip: GAINESVILLE, FL 32607 US

Name: RIGSBY, RANDALL P DR Address: 3969 SPANISH TRAIL City-St-Zip: PENSECOLA, FL 32504 US

Title: D (X) Change () Addition

Name: RALPH, DEDOMENICO DR.
Address: 11012 N DALE MABRY
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JORGE CORO S 04/05/2004