## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 705514**

FILED Apr 10, 2007 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

**Current Principal Place of Business: New Principal Place of Business:** LISSETTE ADKINS 5122 WHISPERING LEAF TRL VALRICO, FL 33594 **New Mailing Address: Current Mailing Address:** LISSETTE ADKINS 5122 WHISPERING LEAF TRL VALRICO, FL 33504 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: ADKINS, LISSETTE M MS 5122 WHISPERING LEAF TRL VALRICO, FL 33594 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: () Change () Addition () Delete LECOMPTE, JOE DR Name: Name: 3890 TURTLE CREEK DR #A Address: Address: City-St-Zip: DAYTONA BEACH, FL 32127 US City-St-Zip: Title: () Delete Title: () Change () Addition JACOBUS, BRIAN B DR Name: Name: Address: 1100 SW ST. LUCIE W BLVD #207 Address: City-St-Zip: PORT ST. LUCIE, FL 34986 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CORO, JORGE DR CORO, JORGE DR Name: Name: 896 S DIXIE HWY Address: 896 S DIXIE HWY Address: City-St-Zip: CORAL GABLES, FL 33146 US City-St-Zip: CORAL GABLES, FL 33146 US Title: **FVP** ( ) Delete Title: (X) Change ( ) Addition Name: TAPLEY, PATRICIA M DR Name: TAPLEY, PATRICIA M DR 320 NORTHWEST 76TH DR 320 NORTHWEST 76TH DR Address: Address: City-St-Zip: GAINESVILLE, FL 32607 US City-St-Zip: GAINESVILLE, FL 32607 US Title: () Delete Title: (X) Change ( ) Addition RIGSBY, RANDALL P DR RIGSBY, RANDALL P DR Name: Name: 3969 SPANISH TRAIL 3969 SPANISH TRAIL Address: Address: City-St-Zip: PENSECOLA, FL 32504 US City-St-Zip: PENSECOLA, FL 32504 US Title: ( ) Delete Title: (X) Change ( ) Addition RALPH. DEDOMENICO DR. RALPH, DEDOMENICO DR. Name: Name: Address: 11012 N DALE MABRY Address: 11012 N DALE MABRY TAMPA, FL 33618 US TAMPA, FL 33618 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LISSETTE ADKINS ED 04/10/2007