

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705514

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Current Principal Place of Business:

LISSETTE ADKINS
5122 WHISPERING LEAF TRL
VALRICO, FL 33594 US

New Principal Place of Business:

LISSETTE ZUKNICK
5122 WHISPERING LEAF TRL
VALRICO, FL 33594 US

Current Mailing Address:

LISSETTE ADKINS
5122 WHISPERING LEAF TRL
VALRICO, FL 33504 US

New Mailing Address:

LISSETTE ZUKNICK
5122 WHISPERING LEAF TRL
VALRICO, FL 33504 US

FEI Number: 59-1313117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LISSETTE M MS.
5122 WHISPERING LEAF TRL
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

ZUKNICK, LISSETTE M MS.
5122 WHISPERING LEAF TRL
VALRICO, FL 33594 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: LISSETTE ZUKNICK

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: LECOMPTE, JOE DR
Address: 3890 TURTLE CREEK DR #A
City-St-Zip: DAYTONA BEACH, FL 32127 US

Title: PP () Delete
Name: PATRICIA, TAPLEY DR
Address: 320 NW 76TH DR
City-St-Zip: GAINESVILLE, FL 32607 US

Title: PP () Delete
Name: CORO, JORGE DR
Address: 896 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D () Delete
Name: GLENOS, WILLIAM DR
Address: 107 INLET DR
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 ZUKNICK

ED

02/24/2009

Electronic Signature of Signing Officer or Director

Date