

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705514

FILED
Feb 17, 2010
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Current Principal Place of Business:

LISSETTE ZUKNICK
5122 WHISPERING LEAF TRL
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

LISSETTE ZUKNICK
5122 WHISPERING LEAF TRL
VALRICO, FL 33504 US

New Mailing Address:

FEI Number: 59-1313117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P
Name: LECOMPTE, JOE DR
Address: 3890 TURTLE CREEK DR #A
City-St-Zip: DAYTONA BEACH, FL 32127 US

Title: D
Name: CURTIS, LEIGH DR
Address: 220 HOLLYWOOD BLVD SE
City-St-Zip: FORT WALTON, FL 32548

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

Title: S-T
Name: MARIANI, RICHARD DR
Address: 7741 SW 62ND AVE
City-St-Zip: S MIAMI, FL 33143

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD MARIANI

S-T

02/17/2010

Electronic Signature of Signing Officer or Director

Date