

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705514

**FILED**  
**Jan 05, 2011**  
**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:**

LISSETTE ZUKNICK  
P.O. BOX 611  
BRANDON, FL 33509 US

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

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

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

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

Title: D  
Name: ALBERT, JEREMY DR.  
Address: 1806 SHORT BRANCH DR #102  
City-St-Zip: TRINITY, FL 34655

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:** LISSETTE ZUKNICK

MS.

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date