2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705514

FILED Mar 16, 2012 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Current Principal Place of Business: New Principal Place of Business:

LISSETTE ZUKNICK 5122 WHISPERING LEAF TRL VALRICO, FL 33594 US

Current Mailing Address: 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: 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:

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: VP

 Name:
 CURTIS, LEIGH DR

 Address:
 220 HOLLYWOOD BLVD SE

 City-St-Zip:
 FORT WALTON, FL
 32548

Title: PP

Name: GLENOS, WILLIAM DR Address: 107 INLET DR

City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title:

 Name:
 MARIANI, RICHARD DR

 Address:
 7741 SW 62ND AVE

 City-St-Zip:
 S MIAMI, FL 33143

Title: S-1

Name: ALBERT, JEREMY DR.
Address: 1806 SHORT BRANCH DR #102

City-St-Zip: TRINITY, FL 34655

Title: [

Name: VARGAS, ALBERTO DR. Address: 550 HERITAGE DR #170 City-St-Zip: JUPITER, FL 33458

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 ED 03/16/2012