

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 710683**

1. Entity Name  
**THE ORANGE COUNTY DENTAL RESEARCH CLINIC,  
INC.**



Principal Place of Business  
**301 WEST AMELIA STREET  
ORLANDO, FL 32801**

Mailing Address  
**301 WEST AMELIA STREET  
ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0980219**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAVIS, WILBUR MCL, JR.  
610 NO MILLS AVE  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
GORDY, C. BRUCE (DR)  
1216 EDGEWATER DRIVE  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
SZCZEDANT, EDWARD  
7758 WALLACE RD  
ORLANDO, FL 55**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
BURKS, ROBERT R. (DR)  
1142 E. STATE ROAD 434  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
GUIU, PILAR  
1142 E. STATE ROAD 434  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

UG00000273571  
03/23/05-80033-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Burns*  
**Robert Burns** 3/24/05 407-327-2030