


2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # 710683 1. Entity Name THE ORANGE COUNTY DENTAL RESEARCH CLINIC, INC.	
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Principal Place of Business 301 WEST AMELIA STREET ORLANDO, FL 32801	Mailing Address 301 WEST AMELIA STREET ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0980219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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05/14/07-800002-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Robert Burks** **4/25/07** **487 - 327-2030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #