2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

DOCUMENT# 710683

Entity Name: THE ORANGE COUNTY DENTAL RESEARCH CLINIC, INC.

Current Principal Place of Business:

301 WEST AMELIA STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

301 WEST AMELIA STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-0980219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, WILBUR MCL, JR.
610 NO MILLS AVE
ORLANDO, FL 32803 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: PD
Name: GORDY, C. BRUCE (DR)
Address: 1216 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL

Title: VD
Name: SZCZEDANT, EDWARD
Address: 7758 WALLACE RD
City-St-Zip: ORLANDO, FL 55

Title: TD
Name: BURKS, ROBERT R. (DR)
Address: 1142 E. STATE ROAD 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S
Name: GUIU, PILAR
Address: 301 WEST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

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: ROBERT R BURKS TD 04/22/2010

Electronic Signature of Signing Officer or Director Date