2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711747

FILED May 08, 2009 Secretary of State

Entity Name: CENTRAL DISTRICT DENTAL ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
800 N MILI ORLANDO	LS AVE), FL 32803	US			
Current Mailing Address:			New Maili	New Mailing Address:	
800 N MILI ORLANDO	LS AVE), FL 32803	US			
FEI Number: 59-6196823 FEI Number Applied For () FEI Number accordance with s. 607.193(2)(b), F.S., the corporation did not receive Name and Address of Current Registered Agent:			ve the prior notic	umber Not Applicable() Certificate of Status Desired() the prior notice. Name and Address of New Registered Agent:	
LOWELL, 800 N MILI	LINDA R	US		g g	
	named entity see of Florida.	ubmits this statement for the purpos	se of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () COWELL, CHRI 228 E NEW YOI DELAND, FL 32	RK AVE STE D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PE () TOWNSEND, W 4321 NW 73RD GAINESVILLE, I	TERR	Title: Name: Address: City-St-Zip:	P (X) Change () Addition TOWNSEND, WADE 4321 NW 73RD. TERR GAINESVILLE, FL 32606	
Title: Name: Address: City-St-Zip:	PP () WINKER, WADE 15 WEST ATWA EUSTIS, FL 32	TER AVENUE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition PRUETT, TIM 15820 DORA AVE #A TAVARES, FL 32778	
Title: Name: Address: City-St-Zip:	S () PRANIKOFF, HO 550 MEMORIAL ORMOND BEAC	CIR STE L	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition PRANIKOFF, HOWARD 550 MEMORIAL CIR STE L ORMOND BEACH, FL 32174	
Title: Name: Address: City-St-Zip:	P () BIRD, GERALD 1983 S. ROCKL ROCKLEDGE, F		Title: Name: Address: City-St-Zip:	PP (X) Change () Addition BIRD, GERALD 1983 S. ROCKLEDGE DRIVE ROCKLEDGE, FL 32955	
Title: Name: Address: City-St-Zip:	VP () SUTTON, LAWR 2825 SE 17TH S OCALA, FL 344	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER COWELL T 05/08/2009