

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711747

FILED
Jan 05, 2010
Secretary of State

Entity Name: CENTRAL DISTRICT DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

800 N MILLS AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

800 N MILLS AVE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-6196823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWELL, LINDA R
800 N 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: T
Name: COWELL, CHRIS
Address: 228 E NEW YORK AVE STE D
City-St-Zip: DELAND, FL 32724

Title: PP
Name: TOWNSEND, WADE
Address: 4321 NW 73RD. TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: S
Name: PRUETT, TIM
Address: 15820 DORA AVE #A
City-St-Zip: TAVARES, FL 32778

Title: VP
Name: PRANIKOFF, HOWARD
Address: 550 MEMORIAL CIR STE L
City-St-Zip: ORMOND BEACH, FL 32174

Title: P
Name: COLEMAN, BRIAN
Address: 7200 ALOMA AVE STE D
City-St-Zip: WINTER PARK, FL 32792

Title: VP
Name: SUTTON, LAWRENCE
Address: 2825 SE 17TH ST.
City-St-Zip: OCALA, FL 34471

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: BRIAN COLEMAN

DR.

01/05/2010

Electronic Signature of Signing Officer or Director

Date