

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711747

FILED  
Jan 06, 2012  
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: VP  
Name: APEL, VICTOR  
Address: 1514 S BABCOCK ST  
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: VP  
Name: ALTSCHULER, GARY  
Address: 2251 NW 41ST ST STE F  
City-St-Zip: GAINESVILLE, FL 32606

Title: PP  
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: CHRISTOPHER COWELL

DR

01/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date