

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717241

FILED
Apr 21, 2009
Secretary of State

Entity Name: FLORIDA PROSTHODONTIC ASSOCIATION, INC.

Current Principal Place of Business:

201 LAKEMONT AVENUE
SUITE 2300
WINTER PARK, FL 32792

New Principal Place of Business:

12776 NW 150TH TERRACE
ALACHUA, FL 32615 US

Current Mailing Address:

201 LAKEMONT AVENUE
SUITE 2300
WINTER PARK, FL 32792

New Mailing Address:

12776 NW 150TH TERRACE
ALACHUA, FL 32615 US

FEI Number: 59-2864855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANK, DAVID M D.D.S
201 NORTH LAKEMONT AVENUE
SUITE 2300
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

ANDREWS, MARY L RDH
12776 NW 150TH TERRACE
ALACHUA, FL 32615 US

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: MARY L. ANDREWS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, GLENN DR.
Address: 8730 SW 45TH BLVD.
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: AZARI, REZA DR.
Address: 8262 RIDING CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: PLANK, DAVID DR.
Address: 201 LAKEMONT AVENUE, SUITE 2300
City-St-Zip: WINTER PARK, FL 32792

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHASOLEN, HOWARD DR.
Address: 2033 WOOD STREET SUITE #125
City-St-Zip: SARASOTA, FL 34237 US

Title: VP (X) Change () Addition
Name: DAVILA, JOSE DR.
Address: 13940 US 441 SUITE 904
City-St-Zip: LADY LAKE, FL 332159 US

Title: SEC (X) Change () Addition
Name: ANDREWS, MARY L RDH
Address: 12776 NW 150TH TERRACE
City-St-Zip: ALACUA, FL 32615 US

Title: TRE () Change (X) Addition
Name: RANSOHOFF, LORI DDS
Address: 915 MOORING CIRCLE
City-St-Zip: TAMPA, FL 33602 US

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: MARY L. ANDREWS

SEC

04/21/2009

Electronic Signature of Signing Officer or Director

Date