

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717241

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** FLORIDA PROSTHODONTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

12776 NW 150TH TERRACE  
ALACHUA, FL 32615 US

**New Principal Place of Business:**

34049 WOODLAND CIRCLE  
RIDGE MANOR, FL 33523 US

**Current Mailing Address:**

12776 NW 150 TERRACE  
ALACHUA, FL 32615 US

**New Mailing Address:**

34049 WOODLAND CIRCLE  
RIDGE MANOR, FL 33523 US

FEI Number: 59-2864855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

FULTON, MARLINDA  
34049 WOODLAND CIRCLE  
RIDGE MANOR, FL 33523 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: MARLINDA FULTON

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: SQUIER, RACHEL DR.  
Address: 1801 SE HILLMOOR DR. #C-210  
City-St-Zip: PT ST. LUCIE, FL 34952 US

Title: PRES  
Name: GOEBEL, GERALD DR.  
Address: 192 NE FLAX TERRACE  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: O  
Name: IRANMANESH, REZA DR.  
Address: 2814 W. WATERS AVE.  
City-St-Zip: TAMPA, FL 33614

Title: TRE  
Name: RANSOHOFF, LORI DR  
Address: 808 N FRANKLIN STREET #3412  
City-St-Zip: TAMPA, FL 33602 US

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: MARLINDA FULTON

ED

01/03/2011

Electronic Signature of Signing Officer or Director

Date