

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717241

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

34049 WOODLAND CIRCLE  
RIDGE MANOR, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

34049 WOODLAND CIRCLE  
RIDGE MANOR, FL 33523 US

**New Mailing Address:**

**FEI Number:** 59-2864855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULTON, MARLINDA  
34049 WOODLAND CIRCLE  
RIDGE MANOR, FL 33523 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: TREA  
Name: SQUIER, RACHEL DR.  
Address: 1801 SE HILLMOOR DR. #C-210  
City-St-Zip: PT ST. LUCIE, FL 34952 US

Title: O  
Name: SAMANT, PAIVI DR.  
Address: 2727 NW 43RD ST. #8  
City-St-Zip: GAINESVILLE, FL 32606 US

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

Title: O  
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

01/27/2012

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

\_\_\_\_\_  
Date