2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
02-24-2003 90174 043 ****61.25

DOCUMENT # 717996

1. Entity Name
FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

Principal Place of Business	Mailing Address
907 BEAVER CREEK LN. HAVANA FL 32333 US	4244 W. TENNESSEE ST. #314 TALLAHASSEE FL 32304 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2612 W. Henry Ave	P.O. BOX 15442
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, FL
Zip: 33614 Country: US	Zip: 33684 Country: US

4. FEI Number 23-7264533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOVER, FRANCES 4244 W. TENNESSEE ST. #314 TALLAHASSEE FL 32304	Name: Raquel Radice Street Address (P.O. Box Number is Not Acceptable): 2612 W. Henry Ave. City: Tampa FL Zip Code: 33614

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Raquel Radice Raquel Radice Executive Director 2/19/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVENS, CAROL W 1777 TAMIAMI TRAIL #407 PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Harold Arthur 331 N. Maitland Avenue Maitland, FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FETNER, ALAN 4205 BELT RD #4080 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Thomas A. Copulos 1000 NW 9ct #106 Boca Raton, FL 33486	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOVER, FRANCES A 4244 W. TENNESSEE ST. #314 TALLAHASSEE FL 32304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Raquel Radice 2612 W. Henry Avenue Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ARTHUR, HAROLD R 331 N MAITLAND AVENUE MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Carol Stevens 19180 Aucsada Ave Port Charlotte, FL 33948	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAPULOS, THOMAS A 1000 NW 9 CT 106 BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Michael Chanatry 3595 Cardinal Point Dr. Jacksonville, FL 32257	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raquel Radice SIGNATURE REQUIRED 2/19/03 (813)931-3018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #