

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718462

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** DENTAL SOCIETY OF GREATER ORLANDO, INC.

**Current Principal Place of Business:**

800 N. MILLS AVENUE  
ORLANDO, FL 328031022

**New Principal Place of Business:**

**Current Mailing Address:**

800 N. MILLS AVENUE  
ORLANDO, FL 328031022

**New Mailing Address:**

FEI Number: 23-7098111

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 AVENUE  
ORLANDO, FL 328031022 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: VP  
Name: LEMIEUX, PETER  
Address: 1185 ORANGE AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: P  
Name: TEMPLE, TIM  
Address: 610 N MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: D  
Name: DAIUTO, CHARLES W  
Address: 195 BRIARCLIFF DR STE 111  
City-St-Zip: LONGWOOD, FL 32779

Title: T  
Name: KAHN, BERNARD  
Address: 926 N MAITLAND AVE  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: BEATTIE, JOHN  
Address: 401 N. MILLS AVE.  
City-St-Zip: ORLANDO, FL 328035750

Title: PP  
Name: COLEMAN, BRIAN  
Address: 7200 ALOMA AVE STE D  
City-St-Zip: WINTER PARK, FL 32792

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: TIM TEMPLE

DR

01/05/2010

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

\_\_\_\_\_  
Date