

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718462

FILED
Jan 05, 2012
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:

HAMILTON, SHARON N
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: PP
Name: LEMIEUX, PETER G
Address: 1185 ORANGE AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: P
Name: CORDOBA, JOHN
Address: 90 FOX RIDGE CT
City-St-Zip: DEBARY, FL 32713

Title: VP
Name: JOHNSON, LUCIEN III
Address: 1951 S. ALAFAYA TR
City-St-Zip: ORLANDO, FL 32828

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

Title: D
Name: BEATTIE, JOHN
Address: 960 LAKE BALDWIN LN
City-St-Zip: ORLANDO, FL 32814

Title: S
Name: MCCORKLE, MICHAEL
Address: 605 DELANEY AVE
City-St-Zip: ORLANDO, FL 32801

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: JOHN X. CORDOBA

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date