SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 720867 (1)

1. Corporation Name

ESCAMBIA-SANTA ROSA COUNTY DENTAL ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7150 TIPPEN AVE. PO BOX 10826 PENSACOLA FL 32524-7826	7150 TIPPEN AVE. PO BOX 10826 PENSACOLA FL 32524-7826

3. Date Incorporated or Qualified: 05/05/1971
3a. Date of Last Report: 06/18/1994
4. FEI Number: 59-1604147 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LANG, BRIAN E
RHODES BLDG 40 N PALAFOX ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	YEE, EDWIN	1.2 NAME	TREDWAY, MONTE	
STREET ADDRESS	6160 N. DAVIS HWY. 6	1.3 STREET ADDRESS	6160 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL. 32503	
TITLE	VP	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	KEEFE, KATHY	2.2 NAME	JOHNSTON, LYNN	
STREET ADDRESS	7220 PINE FOREST RD.	2.3 STREET ADDRESS	1560 AIRPORT BLVD.	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL. 32504	
TITLE	S	3.1 TITLE	S	☑ Change ☐ Addition
NAME	TREDWAY, MONTE	3.2 NAME	RIGSBY, RANDALL	
STREET ADDRESS	6160 N. DAVIS HWY. #10A	3.3 STREET ADDRESS	5514 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL. 32503	
TITLE	TD	4.1 TITLE	T	☑ Change ☐ Addition
NAME	JOHNSON, LYNN	4.2 NAME	HINMAN JOHN H.	
STREET ADDRESS	1560 AIRPORT BLVD.	4.3 STREET ADDRESS	4627 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL. 32503	
TITLE	CD	5.1 TITLE	D	☑ Change ☐ Addition
NAME	FERRETTI, TOM	5.2 NAME	WOODFIN, GREG	
STREET ADDRESS	6111 N. DAVIS HWY.	5.3 STREET ADDRESS	5120 BAYOU BLVD.	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA FL. 32503	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	RIGSBY, RANDY	6.2 NAME	COUCH, DECIC.	
STREET ADDRESS	5514 N. DAVIS HWY.	6.3 STREET ADDRESS	485 ON. 9TH. AVE	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA FL. 32503	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall P. Rigsby, D.M.D. 6-29-95 904 476-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RANDALL P. RIGSBY, D.M.D.

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