

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720867**

1. Entity Name  
**ESCAMBIA-SANTA ROSA COUNTY DENTAL  
ASSOCIATION, INC.**



Principal Place of Business

**7150 TIPPEN AVE.  
PO BOX 10826  
PENSACOLA, FL 32524-7826**

Mailing Address

**7150 TIPPEN AVE.  
PO BOX 10826  
PENSACOLA, FL 32524-7826**



08282006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1604147**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DEAN DMD, KEVIN C MD  
4850 NORTH NINTH AVENUE  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/28/06**

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	OTTLEY, JEFF
STREET ADDRESS	5908 BERRYHILL RD.
CITY-ST-ZIP	MILTON, FL
TITLE	P
NAME	WILLIAMS, DAVID
STREET ADDRESS	4387 SPANISH TRAIL
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	P
NAME	POSCH, MICHELLE
STREET ADDRESS	6160 N DAVIS HWY STE 10A
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	PE
NAME	JERNIGAN, KIM
STREET ADDRESS	3298 SUMMIT BLVD STE 10A
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	T
NAME	DEAN, KEVIN
STREET ADDRESS	4850 N 9TH AVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/06**

Date

**850-477-1130**

Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.