

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90043 041 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02252007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1604147	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEAN DMD, KEVIN C MD 4850 NORTH NINTH AVENUE PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Jeffrey C. Otley D.M.O. Street Address (P.O. Box Number is Not Acceptable) 5908 BERRYHILL RD City MELTON FL Zip Code 32570		
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 Jeffrey C. Otley D.M.O. <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		26 Feb 2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PC OTTLEY, JEFF 5908 BERRYHILL RD. MILTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DAVID 4387 SPANISH TRAIL PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POSCH, MICHELLE 6160 N DAVIS HWY STE 10A PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE JERNIGAN, KIM 3298 SUMMIT BLVD STE 10A PENSACOLA, FL 32501	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAN, KEVIN 4850 N 9TH AVE PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WALTER BIGGS 4359 SPANISH TRAIL PENSACOLA FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DAVID 4387 SPANISH TRAIL PENSACOLA FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JERNIGAN, KIM 3298 SUMMIT BLVD STE 10A PENSACOLA FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE DEAN, KEVIN 4850 N 9TH AVE PENSACOLA FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTTLEY, JEFF 5908 Berryhill Rd Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE DEAN, KEVIN 4850 N 9TH AVE PENSACOLA FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTTLEY, JEFF 5908 Berryhill Rd Milton, FL 32570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: Jeffrey C. Otley D.M.O. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				27 Feb 2007 850 623-0371 <small>Date Daytime Phone #</small>	