2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# 720867

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

Current Principal Place of Business:

7150 TIPPEN AVE.
PO BOX 10826
PENSACOLA, FL 325247826

New Principal Place of Business:

7150 TIPPEN AVE.
10826
PENSACOLA, FL 325247826

Current Mailing Address:

7150 TIPPEN AVE.
PO BOX 10826
PENSACOLA, FL 325247826

New Mailing Address:

7150 TIPPEN AVE.
10826
PENSACOLA, FL 325247826

FEI Number: 59-1604147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OFFLEY, JEFFERY C DMD
5908 BERRYHILL RD.
MILTON, FL 32570 US

Name and Address of New Registered Agent:

BIGGS, WALTER DMD
4359 SPANISH TRAIL
PENSACOLA, FL 32504 US

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: WALTER F. BIGGS, DMD 06/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: OTTLEY, JEFF
Address: 5908 BERRYHILL RD.
City-St-Zip: MILTON, FL

Title: P ( ) Delete
Name: WALTER, BIGG DR
Address: 4359 SPANISH TRAIL
City-St-Zip: PENSACOLA, FL 32504

Title: PE ( ) Delete
Name: TRAMMEL, ANDY DR
Address: 151 W. AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32505

Title: T ( ) Delete
Name: DEAN, KEVIN
Address: 4850 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: P ( ) Delete
Name: LITRALE, ALLEN JR
Address: 6202 N. 9TH AVE #4
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: WALTER, BIGGS DR
Address: 4359 SPANISH TRAIL
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: LITVACK, ALLEN JR
Address: 6202 N. 9TH AVE #4
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER F BIGGS DMD DR 06/04/2009
Electronic Signature of Signing Officer or Director Date