

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720867

FILED
Jul 01, 2010
Secretary of State

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

Current Principal Place of Business:

7150 TIPPEN AVE.
10826
PENSACOLA, FL 325247826

New Principal Place of Business:

Current Mailing Address:

7150 TIPPEN AVE.
10826
PENSACOLA, FL 325247826

New Mailing Address:

FEI Number: 59-1604147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRAXTON, MARK DMD
1100B AIRPORT BLVD
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: MARK BRAXTON

07/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LITVAK JR., ALLEN DR.
Address: 904 GARDEN GATE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VP
Name: LYONS, THOMAS DR.
Address: 3298 SUMMIT BLVD, #24
City-St-Zip: PENSACOLA, FL 32504

Title: T
Name: BRAXTON, MARK DR.
Address: 1100B AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32504

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: DR. MARK BRAXTON

T

07/01/2010

Electronic Signature of Signing Officer or Director

Date