

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723820

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: FLORIDA DENTAL ASSOCIATION, INC.

## Current Principal Place of Business:

C/O DANIEL BUKER  
1111 E. TENNESSEE ST.  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

C/O DANIEL J. BUKER  
1111 E. TENNESSEE ST.  
TALLAHASSEE, FL 32308 US

## Current Mailing Address:

C/O DANIEL BUKER  
1111 E TENNESSEE ST  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

C/O DANIEL J. BUKER  
1111 E TENNESSEE ST  
TALLAHASSEE, FL 32308 US

FEI Number: 59-0615479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUKER, DANIEL J MR  
1111 E TENNESSEE ST  
TALLAHASSEE, FL 323086914 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FRIEDEL, ALAN E DR  
Address: 660 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 330094422 US

Title: MD ( ) Delete  
Name: BUKER, DANIEL J MR  
Address: 1111 E TENNESSEE ST  
City-St-Zip: TALLAHASSEE, FL 323086914 US

Title: PD ( ) Delete  
Name: HENRY, DAN DR  
Address: 4627 N DAVIS HWY #A  
City-St-Zip: PENSACOLA, FL 325032338 US

Title: SD ( ) Delete  
Name: HOFFMAN, CHARLES W DR  
Address: 1200 UNIVERSITY BLVD #103  
City-St-Zip: JUPITER, FL 33458 US

Title: VPD ( ) Delete  
Name: HAEUSSNER, TED DR  
Address: 1409 KINGSLEY AVE #11  
City-St-Zip: ORANGE PARK, FL 320734562 US

Title: TD ( ) Delete  
Name: DORRIS, GEORGE B DR  
Address: PO BOX 894  
City-St-Zip: SHALIMAR, FL 325790894 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED (X) Change ( ) Addition  
Name: ALLEN, NOLAN W DR  
Address: 2226 DRUID ROAD #E  
City-St-Zip: CLEARWATER, FL 337644918 US

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

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

Title: SD (X) Change ( ) Addition  
Name: NISSEN, LARRY DR  
Address: 280 N SYKES CREEK PKWY #C  
City-St-Zip: MERRITT ISLAND, FL 329533491 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL J BUKER

MD

01/05/2007

Electronic Signature of Signing Officer or Director

Date