

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728325

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** FLORIDA ACADEMY OF GENERAL DENTISTRY, INC.

**Current Principal Place of Business:**

2372 NW 8TH ST.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2372 NW 8TH ST.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 23-7354466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMALL, ROSALIE A  
2380 NW 12TH ST.  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

SMALL, ROSALIE A  
2372 NW 8TH ST.  
DELRAY BEACH, FL 33445 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:

01/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHAW, RODERICK DMD  
Address: 255 NE. DUVAL ST.  
City-St-Zip: MADISON, FL 32340

Title: PE  
Name: THOMAS, E. DONALD DMD  
Address: 201 N LAKEMONT AVE STE 300  
City-St-Zip: WINTER PARK, FL 32792

Title: VP  
Name: BADGER, L. MICHAEL DDS  
Address: 9672 CAMBERLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: SEC  
Name: TASSI, IRMA DMD  
Address: 2109 BAYSHORE BLVD. #403  
City-St-Zip: TAMPA, FL 33606

Title: TREA  
Name: GORDON, HARVEY DDS  
Address: 4949 SW 33RD WAY  
City-St-Zip: FT. LAUDERDALE, FL 33312

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. RODERICK SHAW

PRES

01/15/2010

Electronic Signature of Signing Officer or Director

Date