## 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

RT FILED Jun 27, 2012 Secretary of State **DOCUMENT# 728325** 

Entity Name: FLORIDA ACADEMY OF GENERAL DENTISTRY, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

2372 NW 8TH ST.

DELRAY BEACH, FL 33445

**Current Mailing Address: New Mailing Address:** 

2372 NW 8TH ST

DELRAY BEACH, FL 33445

FEI Number: 23-7354466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MENENDEZ, TONY DDS Name: Address: 4120 TAMIAMI TRAIL, SUITE A City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title:

Name: LEWIS, JASON D DDS Address: 130 GATEWAY CIRCLE City-St-Zip: ST. JOHNS, FL 32259 US

Title:

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

Title: SEC

Name: GRAYHILLS, LAURENCE DMD Address: 250 PROFESSIONAL WAY City-St-Zip: WEST PALM BEACH, FL 33414

Title: TREA

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

Title:

SMALL, ROSALIE A Name: Address: 2372 NW 8TH ST.

DELRAY BEACH, FL 334345 US City-St-Zip:

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: ROSALIE A. SMALL **EXEC** 06/27/2012