

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732996

FILED
Mar 10, 2007
Secretary of State

Entity Name: FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Current Principal Place of Business:

325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-1677431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPIER, BENNETT
325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 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: D () Delete
Name: WADE, ERIC
Address: 14333 58TH ST NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: P () Delete
Name: MORGAN, ERROL
Address: 18209 BLY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PP (X) Delete
Name: HULT, DAVID
Address: 8200 DIAGONAL ROAD NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: PE () Delete
Name: GAGLIANO, JIM
Address: 801 WEST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: EVP () Delete
Name: MCGEE, LINDA
Address: 1415 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: ED () Delete
Name: NAPIER, BENNETT
Address: 325 JOHN KNOX ROAD, L103
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PP (X) Change () Addition
Name: MORGAN, ERROL
Address: 18209 BLY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: P (X) Change () Addition
Name: GAGLIANO, JIM
Address: 801 WEST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: PE (X) Change () Addition
Name: MCGEE, LINDA
Address: 1415 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

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: BENNETT NAPIER, CAE

ED

03/10/2007

Electronic Signature of Signing Officer or Director

Date