## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747424** 

FILED Apr 20, 2011 Secretary of State

Entity Name: THE FLORIDA ACADEMY OF DENTAL PRACTICE ADMINISTRATION INC.

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

2902 TIMBER KNOLL DR VALRICO, FL 33596

Current Mailing Address: New Mailing Address:

P.O. BOX 2920 BRANDON, FL 33509

FEI Number: 59-1962328 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WIMBERLY, SHARON A 2902 TIMBER KNOLL DR. VALRICO, FL 33596 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:**

Title: DP

Name: WILLIAMS, MARCUS O DMD
Address: 201 MAITLAND AVE, STE. 1013
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DPE

Name: CARAZOLA, JAMES L DMD Address: 3003 ENTERPRISE ROAD E. City-St-Zip: CLEARWATER, FL 33759

Title: DVP

Name: STEVENSON, RICHARD DDS Address: 6851 BELFORT OAKS PLACE City-St-Zip: JACKSONVILLE, FL 32216

Title: DS

Name: RITOTA, JOHN P DDS Address: 3401 S. FEDERAL HWY. City-St-Zip: DELRAY BEACH, FL 33483

Title: DT

Name: DORRIS, GEORGE B JR, DDS

Address: 1115 EGLIN PKWY. City-St-Zip: SHALIMAR, FL 32579

Title: ED

Name: WIMBERLY, SHARON A Address: 2902 TIMBER KNOLL DR City-St-Zip: VALRICO, FL 33596

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: SHARON A. WIMBERLY ED 04/20/2011