2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753257

FILED Jaņ 06, 2<u>012</u> Secretary of State

Entity Name: FLORIDA DENTAL HEALTH FOUNDATION, INC.

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

1111 EAST TENNESSEE ST TALLAHASSEE, FL 323086914 US

Current Mailing Address: New Mailing Address:

1111 EAST TENNESSEE ST TALLAHASSEE, FL 323086914 US

FEI Number: 59-2019148 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:

BUKER, DANIEL J MR 1111 E. TENNESSEE ST. TALLAHASSEE, FL 32308 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:

VPD

PAYNE, ROBERT W DR Name: Address: 3015 JEFFERSON ST #D City-St-Zip: MARIANNA, FL 324462300 US

Title:

Name: RUSSELL, DAVID L DR Address: 14 RACETRACK RD NW

City-St-Zip: FT WALTON BEACH, FL 325471642 US

Title: MD

PAYTON, RUSSELL MR Name: Address: 1111 E TENNESSEE ST

City-St-Zip: TALLAHASSEE, FL 323086914 US

Title: PD

Name: WALTON III, JAMES F DR 1280 TIMBERLANE RD Address:

City-St-Zip: TALLAHASSEE, FL 323121710 US

Title:

D'AIUTO, CHARLES W DR Name: 195 BRIARCLIFF DR STE 111 Address: City-St-Zip: LONGWOOD, FL 327794443 US

Title:

MOORE, JACK A Name: Address: 1111 E TENNESSEE ST

TALLAHASSEE, FL 323086914 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: JACK A MOORE **CFO** 01/06/2012