


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90296 030 ****61.25

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| DOCUMENT # 759406 |  |
| 1. Entity Name UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIATION, INC. | |

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| Principal Place of Business 1600 SW ARCHER RD , D7-19 GAINESVILLE, FL 32610 US | Mailing Address 1600 SW ARCHER RD, D7-19 108 N. PALM AVENUE Delete GAINESVILLE, FL 32610 US |
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| 2. Principal Place of Business 1600 SW Archer Rd, D7-19 Suite, Apt. #, etc. | 3. Mailing Address 1600 SW Archer Rd, D7-19 Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

04132005 Chg-NP CR2E037 (10/03)



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| 6. Name and Address of Current Registered Agent CALOGERO, DULCE 1600 ARCHER RD GAINESVILLE, FL 32610 | | 7. Name and Address of New Registered Agent Name Calogero, Dolce Street Address (P.O. Box Number is Not Acceptable) 1600 SW Archer Rd., D7-19 City, State, Zip Gainesville, FL 32610-0444 | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Calogero Dolce* DATE 4/13/05
(NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to: Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JUSTICE, MARK 2381 E. MAIN STREET SNELLVILLE, GA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALOGERO, DOLCE 8430 S.W 23RD PL GAINESVILLE, FL 32607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Calogero, Dolce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHEELER, TIM UNIV OF FL. COLLEGE OF DENTISTRY GAINESVILLE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPMAN, STEVE 108 N. PALM AVENUE PALATKA, FL 32177 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MARTIN, CELIA S 2841 N.W. 41ST ST. GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Cohen, Andrew 11220 SE 220 Terrace Hawthorne, FL 32640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LECOMPT, JOE 108 N. PALM AVE. PALATKA, FL 32177 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Calogero Dolce* DATE 4/13/05 352-273-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR