


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000007079</b> <small>Entity Name</small> THE VIRGINIA BROWN COMMUNITY ORTHODONTIC PARTNERSHIP, INCORPORATED	
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<small>Principal Place of Business</small> 2405 GRAND STE 300 KANSAS CITY, MO 64108	<small>Mailing Address</small> 2405 GRAND STE 300 KANSAS CITY, MO 64108
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02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>43-1913088</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, VIRGINIA  
 200 BRADLEY PLACE  
 PALM BEACH, FL 33426

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PC
NAME	BROWN, THOMAS C
STREET ADDRESS	2405 GRAND SUITE 300
CITY-ST-ZIP	KANSAS CITY, MO 64108
TITLE	V
NAME	JONES-RUDOLPH, KIMBERLY
STREET ADDRESS	1647 ELDERBERRY LN.
CITY-ST-ZIP	CORDOVA, TN 38016
TITLE	S
NAME	MCCRANNELS, SCOTT DR.
STREET ADDRESS	220 ARKONA CT.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	BADESCH, SCOTT
STREET ADDRESS	2600 QUANTUM BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	F
NAME	BROWN, VIRGINIA L
STREET ADDRESS	200 BRADLEY PLACE #202
CITY-ST-ZIP	PALM BEACH, FL 33426
TITLE	BM
NAME	HEIMOVICS, DICK
STREET ADDRESS	5110 CHERRY STREET
CITY-ST-ZIP	KANSAS CITY, MO 64110

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00000254987  
03/07/05-80096-015 61.25

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: \_\_\_\_\_ Date: **2/28/05** (816)474-414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR