

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007079

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** THE VIRGINIA BROWN COMMUNITY ORTHODONTIC PARTNERSHIP, INCORPORATED

**Current Principal Place of Business:**

2405 GRAND STE 300  
KANSAS CITY, MO 64108

**New Principal Place of Business:**

**Current Mailing Address:**

2405 GRAND STE 300  
KANSAS CITY, MO 64108

**New Mailing Address:**

**FEI Number:** 43-1913088      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, VIRGINIA  
200 BRADLEY PLACE  
PALM BEACH, FL 33426      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: PC      ( ) Delete  
Name: BROWN, THOMAS C  
Address: 2405 GRAND SUITE 300  
City-St-Zip: KANSAS CITY, MO 64108

Title: V      ( ) Delete  
Name: JONES-RUDOLPH, KIMBERLY  
Address: 1647 ELDERBERRY LN.  
City-St-Zip: CORDOVA, TN 38016

Title: S      ( ) Delete  
Name: MCCRANELS, SCOTT DR.  
Address: 220 ARKONA CT.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T      ( ) Delete  
Name: BADESCH, SCOTT  
Address: 2600 QUANTUM BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: F      ( ) Delete  
Name: BROWN, VIRGINIA L  
Address: 200 BRADLEY PLACE #202  
City-St-Zip: PALM BEACH, FL 33426

Title: BM      ( ) Delete  
Name: HEIMOVICS, DICK  
Address: 5110 CHERRY STREET  
City-St-Zip: KANSAS CITY, MO 64110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: THOMAS C. BROWN

PC

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date