

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# F04000007079

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:

2405 GRAND
SUITE 300
KANSAS CITY, MO 64108

Current Mailing Address:

2405 GRAND STE 300
KANSAS CITY, MO 64108

New Mailing Address:

2405 GRAND
SUITE 300
KANSAS CITY, MO 64108

FEI Number: 43-1913088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: V (X) Change () Addition
Name: JONES-RUDOLPH, KIMBERLY
Address: 903 DUBLIN WAY
City-St-Zip: CHESTER SPRINGS, PA 19425

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 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: LEANN SMITH

COO

09/03/2008

Electronic Signature of Signing Officer or Director

_____ Date