## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000007079

FILED Feb 15, 2010 Secretary of State

Entity Name: THE VIRGINIA BROWN COMMUNITY ORTHODONTIC PARTNERSHIP, INCORPORATED

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

2405 GRAND SUITE 300

KANSAS CITY, MO 64108

Current Mailing Address: 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 ( )

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

BROWN, VIRGINIA BROWN, VIRGINIA L 200 BRADLEY PLACE 200 BRADLEY PLACE PALM BEACH, FL 33426 US #202

PALM BEACH, FL 33426 US #202 PALM BEACH, FL 33480 US

The above named entity culturate this statement for the nursess of changing its registered effice or register

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: VIRGINIA L. BROWN 02/15/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DIR

Name: BROWN, THOMAS C MR. Address: 2405 GRAND SUITE 300 City-St-Zip: KANSAS CITY, MO 64108

Title: DIR

Name: JONES-RUDOLPH, KIMBERLY DR.

Address: 903 DUBLIN WAY

City-St-Zip: CHESTER SPRINGS, PA 19425

Title: DIR

Name: PAULSEN, REUBEN MR.
Address: 10118 HEMLOCK DR.
City-St-Zip: OVERLAND PARK, KS 66212

Title: DIR

 Name:
 TOOMBS, KELLY DR.

 Address:
 3700 W 83RD ST STE 215

 City-St-Zip:
 PRAIRIE VILLAGE, KS 66208

Title: DIR

Name: BROWN, VIRGINIA L MRS.
Address: 200 BRADLEY PLACE #202
City-St-Zip: PALM BEACH, FL 33480

Title: DIR

 Name:
 OSWALT, SUSAN MS.

 Address:
 8833 NORWOOD DR

 City-St-Zip:
 LEAWOOD, KS 66206

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: THOMAS C. BROWN DIR 02/15/2010