

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007079

FILED
Feb 13, 2012
Secretary of State

Entity Name: THE VIRGINIA BROWN COMMUNITY ORTHODONTIC PARTNERSHIP, INCORPORATED

Current Principal Place of Business:

2405 GRAND
SUITE 300
KANSAS CITY, MO 64108

New Principal Place of Business:

Current Mailing Address:

2405 GRAND
SUITE 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 L
200 BRADLEY PLACE
#202
PALM BEACH, FL 33480 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: DIR
Name: BROWN, THOMAS C MR.
Address: 2405 GRAND SUITE 300
City-St-Zip: KANSAS CITY, MO 64108

Title: DIR
Name: SMITH, SALLY MS.
Address: 5608 W. 125TH ST
City-St-Zip: OVERLAND PARK, KS 66209

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

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

_____ Date