

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90025 029 \*\*\*150.00

**DOCUMENT # F94000004714**

1. Entity Name  
ORTHODONTIC CENTERS OF FLORIDA, INC.



Principal Place of Business  
3850 N. CAUSEWAY BLVD. #800  
METAIRIE, LA 70002

Mailing Address  
3850 N CAUSEWAY BLVD  
SUITE 800  
METAIRIE, LA 70002



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

72-1277097

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD PALMISANO, BART F SR. ☒ Delete  
STREET ADDRESS 3850 N CAUSEWAY BLVD, SUITE 800  
CITY-ST-ZIP METAIRIE, LA 70002

TITLE  
NAME PD Chris W. Roussos ☐ Change ☒ Addition  
STREET ADDRESS 3850 N. Causeway Blvd, Ste 800  
CITY-ST-ZIP Metairie LA 70002

TITLE  
NAME S  
CENTOLA, LARRY ☐ Delete  
STREET ADDRESS 3850 N CAUSEWAY BLVD, SUITE 800  
CITY-ST-ZIP METAIRIE, LA 70002

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME T  
GREEN, CATHY ☐ Delete  
STREET ADDRESS 3850 N CAUSEWAY BLVD #800  
CITY-ST-ZIP METAIRIE, LA 70002

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

*Cathy M Green* Cathy M GREEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.02.07

Date

504.834.4392

Daytime Phone #