2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
03-09-2004 90056 034 ****61.25

66412319

MOORE CR2E037 (11/03)

DOCUMENT # F99000005250

1. Entity Name

FLORIDA ACADEMY OF COSMETIC DENTISTRY, AN AFFILIATE OF THE AMERICAN ACADEMY OF COSMETIC

Principal Place of Business	Mailing Address
2103 59TH ST. W. BRADENTON FL 34209	717 12TH STREET WEST BRADENTON FL 34205

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1201 6th Avenue W. Suite 308
City & State	Bradenton, FL
Zip / Country	34205 /

4. FEI Number 58-2392059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKMAN, JAMES D ESQ.
4608 26TH ST. W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TROXEL, CHARLES D.D.S. 30180 OVERSEAS HIGHWAY BIG PINE KEY FL 33043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D TROXEL, CHARLES D.D.S 30180 OVERSEAS HIGHWAY BIG PINE KEY FL 33043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARDSON, RONALD D.D.S. 1704 AIRPORT BLVD MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D RICHARDSON, RONALD D.D.S. 1704 AIRPORT BLVD. MELBOURNE FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRUPP, WILLIAM D.D.S. 2376 SUNSET POINT ROAD CLEARWATER FL 34625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSTELLO, FREDERICK D.D.S. 1089 WEST GRANADA BLVD ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D COSTELLO, FREDERICK D.D.S. 1089 WEST GRANADA BLVD ORMOND BEACH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D RITTER, ROB D.M.D. 5604 PGA BLVD SUITE 209 PALM BEACH GARDENS FL 33418	☐ 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 exemption stated in Section 119.07(3)(i), 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 617, 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: Frederick W Costello, President 4/10/04 386 673 1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fredrick W. Costello