

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90121 011 \*\*\*\*61.25

<b>DOCUMENT # F99000005250</b>					
<b>1. Entity Name</b> FLORIDA ACADEMY OF COSMETIC DENTISTRY, AN AFFILIATE OF THE AMERICAN ACADEMY OF COSMETIC DENTISTR					
<b>Principal Place of Business</b> 2103 59TH ST. W. BRADENTON, FL 34209			<b>Mailing Address</b> 1201 6TH AVE. WEST, STE 308 BRADENTON, FL 34205		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 58-2392059	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JACKMAN, JAMES D ESQ. 4608 26TH ST. W. BRADENTON, FL 34207			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> TROXEL, CHARLES D.D.S.	<input type="checkbox"/> Delete		<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 30180 OVERSEAS HIGHWAY	BIG PINE KEY, FL 33043		<b>STREET ADDRESS</b> TROXEL, CHARLES D.D.S.	30180 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043	
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> VD	<b>NAME</b> RICHARDSON, RONALD D.D.S.	<input type="checkbox"/> Delete		<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1704 AIRPORT BLVD	MELBOURNE, FL 32901		<b>STREET ADDRESS</b> RICHARDSON, RONALD D.D.S.	1704 AIRPORT BLVD MELBOURNE, FL 32901	
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> TD	<b>NAME</b> RITTER, ROB D.M.D.	<input type="checkbox"/> Delete		<b>TITLE</b> VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5604 PGA BLVD, SUITE 209	PALM BEACH GARDENS, FL 33418		<b>STREET ADDRESS</b> RITTER, ROB D.M.D.	500 UNIVERSITY BLVD JUPITER, FL	
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> SD	<b>NAME</b> VALLILLO, MICHAEL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> P.O. BOX 49124	TAMPA, FL 33647		<b>STREET ADDRESS</b> MARTEL, VIC	1309 S. FLAGLER DRIVE WEST PALM BEACH, FL	
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>TITLE</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b> 			<b>NAME</b> CHASOLEN, HOWARD	2033 WOOD STREET, # 125 SARASOTA, FL	
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> 			<b>CITY-ST-ZIP</b> 		
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Chas F Troxel Jr</i> CHAS. F. TROXEL JR 1/17/06 305-745-4014					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					