

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


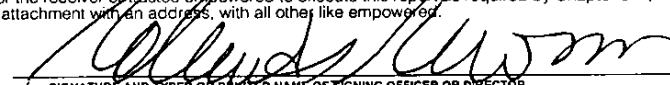
FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90042 034 ****61.25

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01022007 Chg-NP CR2E037 (12/06)

DOCUMENT # F99000005250					
1. Entity Name FLORIDA ACADEMY OF COSMETIC DENTISTRY, AN AFFILIATE OF THE AMERICAN ACADEMY OF COSMETIC DENTISTR					
Principal Place of Business 2103 59TH ST. W. BRADENTON, FL 34209			Mailing Address 1201 6TH AVE. WEST, STE 308 BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box # 325 JOHN KNOX RD			3. Mailing Address L 103		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TALLAHASSEE, FL			City & State		
Zip 32303	Country	Zip	Country	4. FEI Number 58-2392059	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D TROXEL, CHARLES D.D.S. 30180 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, RONALD D.D.S. 1704 AIRPORT BLVD MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RITTER, ROB D.M.D. 500 UNIVERSITY BLVD JUPITER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, ROB D.M.D. 500 UNIVERSITY BLVD JUPITER, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTEL, VIC 1309 S FLAGLER DR WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASOLEN, HOWARD 2033 WOOD STREET #125 SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHASOLEN, HOWARD 2033 WOOD STREET #125 SARASOTA, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS RAMSEY 325 JOHN KNOX RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: 			Date: 2/5/07 Daytime Phone #: 561-626-6667		