

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000821

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ORTHODONTIC STUDY GROUP, INC.

**Current Principal Place of Business:**

9806 N. 56TH STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

9806 N. 56TH STREET  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 59-3618548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEEVEER, DAVID L  
9806 N. 56TH STREET  
TAMPA, FL 33617 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:** PSD  
**Name:** LEEVEER, DAVID L  
**Address:** 9806 N 56TH ST  
**City-St-Zip:** TAMPA, FL 33617

**Title:** VPD  
**Name:** SCOTT, GREGORY P  
**Address:** 5110 S. LAKE LAND DR  
**City-St-Zip:** LAKE LAND, FL 33813

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:** DAVID L LEEVEER

PSD

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date