2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N00000005266

Entity Name: WILLIAM C. STRUPP POSTGRADUATE SCHOOL OF DENTISTRY FOUNDATION, INC.

Current Principal Place of Business:

2370 SUNSET POINT ROAD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2370 SUNSET POINT ROAD
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 75-3109089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRUPP, WILLIAM C JR DDS
2370 SUNSET POINT ROAD
CLEARWATER, FL 33765 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: DPVS ( ) Delete
Name: STRUPP, WILLIAM C JR, DDS
Address: 2370 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: NARDI, MICHEL
Address: 2370 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: NORTH, JAMES
Address: 2370 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: T ( ) Delete
Name: STRUPP, WILLIAM C JR, DDS
Address: 2370 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM C STRUPP JR PRES 04/19/2006

Electronic Signature of Signing Officer or Director — Date