# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2005**
**Secretary of State**

DOCUMENT# N03000005649

**Entity Name:** FLORIDA DENTAL SOCIETY OF ANESTHESIOLOGY, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 444
ORANGE PARK, FL 32067

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 444
ORANGE PARK, FL 32067

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

RAYNER, CLIVE B
2301 PARK AVENUE
SUITE 101
ORANGE PARK, FL 32073 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: D ( ) Delete
Name: RAYNER, CLIVE B
Address: 2301 PARK AVENUE #101
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: THOMPSON, DAVID A
Address: 3300 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: GIOIA, MICHAEL J
Address: 950 GLADES ROAD #1B
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition
Name: GIOIA, MICHAEL B DMD
Address: 950 GLADES RD. SUITE I-B
City-St-Zip: BOCA RATON, FL 33431

Title: DR. (X) Change ( ) Addition
Name: GRENEVICKI, LANCE F DDS
Address: 1093 SOUTH WICKHAM ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: DR. (X) Change ( ) Addition
Name: DIAZ, MARCOS DDS
Address: 2239 N COMMERCE PKWY SUITE 2
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL GIOIA DR. 01/25/2005

Electronic Signature of Signing Officer or Director — Date