

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005649

FILED
Jan 06, 2006
Secretary of State

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

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

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

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:

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: CLIVE RAYNER

DR.

01/06/2006

Electronic Signature of Signing Officer or Director

Date