

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005649

FILED
Jul 28, 2008
Secretary of State

Entity Name: FLORIDA DENTAL SOCIETY OF ANESTHESIOLOGY, INC.

Current Principal Place of Business:

2301 PARK AVENUE
SUITE 101
ORANGE PARK, FL 32073

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAYNER, CLIVE B
2301 PARK AVENUE
SUITE 101
ORANGE PARK, FL 32073 US

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: GRENEVICKI, LANCE F DDS, MD
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

Title: DR. () Delete
Name: LLANO, CHARLES D DDS
Address: 320 W. HIGHLAND DR.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: DIAZ, MARCOS DDS
Address: 2239 NO. COMMERCE PKWY, SUITE 2
City-St-Zip: WESTON, FL 33326

Title: DR. (X) Change () Addition
Name: LLANO, CHARLES DDS
Address: 320 W. HIGHLAND DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: DR. (X) Change () Addition
Name: TILLERY, DON DMD
Address: 800 W. MORSE BLVD. SUITE 2
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify 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 B. RAYNER, DMD

E.D.

07/28/2008

Electronic Signature of Signing Officer or Director

Date