

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

DOCUMENT# N03000005649

**FILED**  
**Jan 16, 2010**  
**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:** 56-2374491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

RAYNER, CLIVE B DMD  
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: CLIVE B. RAYNER, DMD

01/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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: CLIVE B. RAYNER, DMD

E.D.

01/16/2010

Electronic Signature of Signing Officer or Director

Date