

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007713

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** DENTAL CARE ACCESS FOUNDATION, INC.

**Current Principal Place of Business:**

1216 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1216 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-1531222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTON, JOSEPH  
1216 EDGEWATER DRIVE  
ORLANDO, FL 32804 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: GORDY, BRUCE DR.  
Address: 1216 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: MORGAN, THAD DR.  
Address: 3801 W. LAKE MARY BLVD. SUITE 113  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: TILLERY, DON E JR.  
Address: 800 W. MORSE BLVD., SUITE 2  
City-St-Zip: WINTER PARK, FL 32789

**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 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: C BRUCE GORDY

D

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date