

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

DOCUMENT# N04000007713

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 N MILLS AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1216 EDGEWATER DR  
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:**

KESTLER, JULIE  
800 N MILLS AVE  
ORLANDO, FL 32803 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  
Name: HALL, MATTHEW DR.  
Address: 5745 CANTON COVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: WONG, CAROL DR.  
Address: 5449 S. SEMORAN BLVD, SUITE 19B  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: BELANOFF, DEBBIE  
Address: 101 WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805

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: JULIE KESTLER

DIR

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date