

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007713

FILED
Feb 17, 2011
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:

800 N MILLS AVE
ORLANDO, FL 32803

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

Title: DR
Name: JAMES, FLATLEY
Address: 4267 W. LAKE MARY BLVD.
City-St-Zip: LAKE MARY, FL 32746

Title: DR
Name: VICTOR, FIRST
Address: SCHD 400 W. AIRPORT BLVD
City-St-Zip: SANFROD, FL 32773

Title: DR
Name: ANNE, REID
Address: 1327 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

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

CEO

02/17/2011

Electronic Signature of Signing Officer or Director

Date