

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007713

FILED
Apr 12, 2012
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:

800 N MILLS AVE
ORLANDO, FL 32803 UN

Current Mailing Address:

800 N MILLS AVE
ORLANDO, FL 32803

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

Title: DR
Name: WONG, CAROL
Address: 11881 E COLONIAL DR # A
City-St-Zip: ORLANDO, FL 32826

Title: DR
Name: MORGAN, THAD
Address: 145 WAYMONT CT # 111
City-St-Zip: LAKE MARY, FL 32746

Title: DR
Name: AISHA, MANON
Address: P.O. BOX 163333
City-St-Zip: ORLANDO, FL 32816

Title: DR
Name: AZIZI, ABDUL
Address: 800 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: DR
Name: GANNE, SRAVANTHI
Address: 2045 LEE ROAD
City-St-Zip: WINTER SPRINGS, 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: JULIE KESTLER

MS.

04/12/2012

Electronic Signature of Signing Officer or Director

Date