

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009709

FILED
Feb 10, 2008
Secretary of State

Entity Name: FLORIDA ALLIED DENTAL EDUCATORS, INC.

Current Principal Place of Business:

ROBERT MORGAN EDUC.-DENTAL DEP.
18180 SW 122 AVE
MIAMI, FL 33177

New Principal Place of Business:

PELLETIER, MARY S., RDH,
111 SW SEBRING CIRCLE
PORT SAINT LUCIE, FL 34953 59

Current Mailing Address:

CLAUDEA BEARD
2675 ALDERMAN RD
PALM HARBOR, FL 34184

New Mailing Address:

PELLETIER, MARY S., RDH,
111 SW SEBRING CIRCLE
PORT SAINT LUCIE, FL 34953 59

FEI Number: 20-1757733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARD, CLAUDIA
2675 ALDERMAN RD
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

PELLETIER, MARY S
111 SW SEBRING CIRCLE
PORT SAINT LUCIE, FL 34953 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: MARY S. PELLETIER

02/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ELKINS, JANICE
Address: 1770 SUGAR CREEK LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: GRIMM, JEANNIE
Address: 577 ARBOR RIDGE
City-St-Zip: TITUSVILLE, FL 32780

Title: VP () Delete
Name: BECKY, CRAIG
Address: 9407 SW 129TH ST
City-St-Zip: ARCHER, FL 32618

Title: SD () Delete
Name: SMITH, PAULA
Address: 14110 FARMINGTON BVLD
City-St-Zip: TAMPA, FL 33625

Title: SEC () Delete
Name: LUCAS, TERESA
Address: 5528 CHARBOR DR
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: BEARD, CLAUDIA
Address: 2675 ALDERMAN RD
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PELLETIER, MARY S
Address: 111 SW SEBRING CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: SMITH, PAULA
Address: 14110 FARMINGTON BVLD
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: THOMAS, MARY
Address: 519 JUNIPER AVENUE
City-St-Zip: NICEVILLE, FL 32578

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: MARY S. PELLETIER

PRES

02/10/2008

Electronic Signature of Signing Officer or Director

Date