

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008682

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: FLORIDA ACADEMY OF COSMETIC DENTISTRY, INC.

## Current Principal Place of Business:

325 JOHN KNOX ROAD  
STE L-103  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

325 JOHN KNOX ROAD  
STE L-103  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 58-2392059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOOLEY, ADRIENNE H CMP CAE  
325 JOHN KNOX ROAD  
STE L-103  
TALLAHASSEE, FL 32303 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: PD ( ) Delete  
Name: RITTER, ROB DMD  
Address: 500 UNIVERSITY BLVD, STE 109  
City-St-Zip: JUPITER, FL 33458

Title: SD ( ) Delete  
Name: RAMSEY, CHRISTOPHER DMD  
Address: 500 UNIVERSITY BLVD, STE 109  
City-St-Zip: JUPITER, FL 33458

Title: PED ( ) Delete  
Name: CHASOLEN, HOWARD DMD  
Address: 2033 WOOD STREET, STE 125  
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete  
Name: MARTEL, VICTOR DMD  
Address: 1309 S FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: WATTS, GLYNN CDT  
Address: 1925-B WELBY WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: RICHARDSON, RONALD JR. DDS  
Address: 1704 AIRPORT BLVD, STE A  
City-St-Zip: MELBOURNE, FL 32901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition  
Name: RITTER, ROB DMD  
Address: 500 UNIVERSITY BLVD, STE 109  
City-St-Zip: JUPITER, FL 33458 US

Title: T (X) Change ( ) Addition  
Name: RAMSEY, CHRISTOPHER DMD  
Address: 500 UNIVERSITY BLVD, STE 109  
City-St-Zip: JUPITER, FL 33458 US

Title: PRES (X) Change ( ) Addition  
Name: CHASOLEN, HOWARD DMD  
Address: 2033 WOOD STREET, STE 125  
City-St-Zip: SARASOTA, FL 34237 US

Title: PE (X) Change ( ) Addition  
Name: MARTEL, VICTOR DMD  
Address: 1309 S FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D (X) Change ( ) Addition  
Name: WATTS, GLYNN CDT  
Address: 1925-B WELBY WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S (X) Change ( ) Addition  
Name: LICHORWIC, DENNIS DMD  
Address: 4635 GULFSTARR DR, STE 200  
City-St-Zip: DESTIN, FL 32541 US

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: GLYNN WATTS

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date