2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N07000008682

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: OLITSKY, JASON DMD
Address: 818 HWY A1A, STE 209
City-St-Zip: PONTE VEDRA, FL 32082 US

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

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

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

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

Title: T (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: VICTOR MARTEL PR 03/02/2009

Electronic Signature of Signing Officer or Director — Date