

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008682

FILED
Apr 06, 2011
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:

KAMPER, LISA M
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: PE
Name: OLITSKY, JASON DMD
Address: 818 HWY A1A, STE 209
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: SEC
Name: BRIAN, OLITSKY DMD
Address: 24840 S. TAMiami TRAIL SUITE 3
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: TR
Name: HAGOOD, JOHNSON M DDS
Address: 2155 PONCE DELEON CIRCLE
City-St-Zip: VERO BEACH, FL 32960 US

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

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

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

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: LISA KAMPER

ED

04/06/2011

Electronic Signature of Signing Officer or Director

Date