

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003991

FILED
Apr 10, 2012
Secretary of State

Entity Name: DENTISTS FOR AUTISM AWARENESS, INC.

Current Principal Place of Business:

12113 W. LINEBAUGH AVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12113 W. LINEBAUGH AVE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 27-2436304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, MICHAEL H
101 E. KENNEDY BLVD
SUITE 2800
TAMPA, FL 33602 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: T
Name: MEYER BELL, MEREDITH
Address: 10519 GRETNA GREEN DRIVE
City-St-Zip: TAMPA, FL 33626

Title: T
Name: LESSER, DR. ROBYN
Address: 6415 SHELDON RD.
City-St-Zip: TAMPA, FL 33615

Title: T
Name: BRINK, CHRISTOPHER
Address: 9713 ROYCE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: T
Name: DEMIRJIAN, VIVIAN HARMONY
Address: 7936 4TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: T
Name: DEMIRJIAN, DR. DENNIS
Address: 6526 GUNN HWY
City-St-Zip: TAMPA, FL 33625

Title: T
Name: BELL, DR. NICHOLAS
Address: 12113 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL

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: MEREDITH MEYER BELL

T

04/10/2012

Electronic Signature of Signing Officer or Director

Date