

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009912

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** MID-AMERICA DENTAL TECHNOLOGY SYMPOSIUM, INC.

**Current Principal Place of Business:**

325 JOHN KNOX ROAD L103  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

325 JOHN KNOX ROAD L103  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 45-2251149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAPIER, BENNETT  
325 JOHN KNOX ROAD L103  
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: P  
Name: WAGNER, DOUG  
Address: 2046 NEW LINDEN RD  
City-St-Zip: NEWPORT, KY 41071

Title: S  
Name: CHEETHAM, DEAN  
Address: 11707 N MICHIGAN RD  
City-St-Zip: ZIONSVILLE, IN 46077

Title: T  
Name: DELAPA, R.J. JR  
Address: 187 W EXCHANGE ST  
City-St-Zip: AKRON, OH 44302

Title: D  
Name: SCHNELL, CHRIS  
Address: 907 N FT THOMAS AVE  
City-St-Zip: FT THOMAS, KY 41075

Title: D  
Name: SCHLOSSER, KEVIN  
Address: 1105 W MAUMEE ST  
City-St-Zip: ANGOLA, IN 46803

Title: D  
Name: GUNDRUM, YATZ  
Address: 3700 CHURCH ST  
City-St-Zip: CINCINNATI, OH 45244

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: DOUG WAGNER

P

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date