


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90008 034 ****61.25

DOCUMENT # N14495 1. Entity Name FLORIDA ACADEMY OF PEDIATRIC DENTISTRY, INC.			
Principal Place of Business PO Box 100426 4311 N.W. 10TH PLACE GAINESVILLE FL 32606-0426 US		Mailing Address PO Box 100426 4311 N.W. 10TH PLACE GAINESVILLE FL 32606-0426 US	
2. Principal Place of Business - No P.O. Box # 2432 NW 13TH PLACE Suite, Apt. #, etc.		3. Mailing Address PO Box 100426 Suite, Apt. #, etc. COLLEGE OF DENTISTRY	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32605	Country USA	Zip 32610-0426	Country USA
6. Name and Address of Current Registered Agent GRANT, JOHN 10025 ORANGE GROVE DRIVE TAMPA FL 33618-1440		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME BAZOS, JOHN DR.	TITLE EDT	NAME PRIMOSCH, ROBERT DR.
STREET ADDRESS 9156 WILES ROAD	CITY-ST-ZIP CORAL SPRINGS FL 33067	STREET ADDRESS 2432 NW 13TH PLACE	CITY-ST-ZIP GAINESVILLE, FL 32605
TITLE VP	NAME WERNER, PAUL DR	TITLE S	NAME HOWARD SCHWEIDER
STREET ADDRESS 7301 WEST PALMETTO PARK BLVD, STE 203B	CITY-ST-ZIP BOCA RATON FL 33433-3456	STREET ADDRESS 1871 UNIVERSITY AVE SOUTH	CITY-ST-ZIP JACKSONVILLE, FL 32216
TITLE VP	NAME CLAUSSEN, PETER DR	TITLE EDT	NAME BENNETT, CARROLL DR
STREET ADDRESS 2636 JENKS AVENUE	CITY-ST-ZIP PANAMA CITY FL 32405	STREET ADDRESS 4311 N.W. 10TH PLACE	CITY-ST-ZIP GAINESVILLE FL 32605
TITLE EDT	NAME BENNETT, CARROLL DR	TITLE EDT	NAME PRIMOSCH, ROBERT DR.
STREET ADDRESS 4311 N.W. 10TH PLACE	CITY-ST-ZIP GAINESVILLE FL 32605	STREET ADDRESS 2432 NW 13TH PLACE	CITY-ST-ZIP GAINESVILLE, FL 32605
TITLE EDT	NAME BENNETT, CARROLL DR	TITLE EDT	NAME PRIMOSCH, ROBERT DR.
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1st MOORE CR2E037 (10/06)

4. FEI Number 59-2662812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Primosch 1/29/07 352-375-4038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #