

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14495

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ACADEMY OF PEDIATRIC DENTISTRY, INC.

**Current Principal Place of Business:**

2432 NW 13TH PLACE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

2432 NW 13TH PLACE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

**FEI Number:** 20-2287432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRANT, JOHN  
10025 ORANGE GROVE DRIVE  
TAMPA, FL 33618 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: ARDALAN, REZA DR.  
Address: 374 SW PRIMA VISTA BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34883 US

Title: VP  
Name: MCDONNELL, SEAN DR  
Address: 1440 REED CANAL ROAD  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: ED  
Name: PRIMOSCH, ROBERT DR  
Address: 2432 NW 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: S  
Name: BONNIN, STUART DR  
Address: 3201 EAST OLIVE ROAD  
City-St-Zip: PENSACOLA, FL 32514 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: ROBERT E. PRIMOSCH

ED

01/11/2012

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

\_\_\_\_\_  
Date