

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N20727

1. Entity Name
POLK COUNTY DENTAL ASSOCIATION, INC.



Principal Place of Business

**3003 S. FL AVE #201
LAKELAND, FL 33803 US**

Mailing Address

**3003 S. FL AVE #201
LAKELAND, FL 33803 US**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2889116

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELCHER, JAMES M
3003 S. FL AVE SUITE 201
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SCOTT, GREG
STREET ADDRESS	5110 SOUTH LAKELAND DR
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	P
NAME	SAARI, PAUL
STREET ADDRESS	5050 SOUTH LAKELAND DR
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	VP
NAME	SUTTON, ROBERT
STREET ADDRESS	4912 SOUTHFORK DR.
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	S
NAME	RICHARDS, HARLEY
STREET ADDRESS	2150 HARDEN BLVD
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	T
NAME	BELCHER, JAMES M
STREET ADDRESS	3003 S. FL AVE SUITE 201
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M Belcher

Date

Daytime Phone #

1-10-07 863-687-9927