

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90112 030 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 2150 Harden Blvd.		3. Mailing Address 2150 Harden Blvd.			
Suite, Apt. #, etc. Lakeland, FL		Suite, Apt. #, etc. Lakeland, FL		01082008 Chg-NP CR2E037 (12/06)	
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-2889116	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Shelley Hunt - McCreary Street Address (P.O. Box Number is Not Acceptable) 2150 Harden Blvd. City Lakeland FL Zip Code 33813	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, GREG 5110 SOUTH LAKELAND DR LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P scott, Greg 5110 South Lakeland Dr Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAARI, PAUL 5050 SOUTH LAKELAND DR LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fort, Robert 330 E. Broadway FT. Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTTON, ROBERT 4912 SOUTH FORK DR. LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Agnini, Matthew	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, HARLEY 2150 HARDEN BLVD LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President Elect (PE) 115 West Oak Drive Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELCHER, JAMES M 3003 S. FL AVE SUITE 201 LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Acosta, Henry 305 E. Park St. Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Gregory Scott</u>			1/9/08 363-704-1941		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		