

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20727

FILED
Mar 09, 2009
Secretary of State

Entity Name: POLK COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

2150 HARDEN BLVD
LAKELAND, FL 33813 US

New Principal Place of Business:

2150 HARDEN BLVD
LAKELAND, FL 33803 US

Current Mailing Address:

2150 HARDEN BLVD
LAKELAND, FL 33813 US

New Mailing Address:

2150 HARDEN BLVD
LAKELAND, FL 33803 US

FEI Number: 59-2889116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT-MCCREARY, SHELLEY
2150 HARDEN BLVD
LAKELAND, FL 33813 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 () Delete
Name: SCOTT, GREG
Address: 5110 S LAKELAND DR
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: FORT, ROBERT
Address: 330 E BROADWAY
City-St-Zip: FORT MEADE, FL 33841

Title: VP () Delete
Name: AGNINI, MATHEW
Address: 4912 SOUTHFORK DR.
City-St-Zip: LAKELAND, FL 33813

Title: PE () Delete
Name: RICHARDS, HARLEY
Address: 115 W OAK DR
City-St-Zip: LAKELAND, FL 33803

Title: T (X) Delete
Name: ACOSTA, HENRY
Address: 308 E PARK ST
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDS, HARLEY
Address: 2150 HARDEN BLVD.
City-St-Zip: LAKELAND, FL 33803

Title: PE (X) Change () Addition
Name: FORT, ROBERT
Address: 330 E BROADWAY
City-St-Zip: FORT MEADE, FL 33841

Title: FVP (X) Change () Addition
Name: AGNINI, MATHEW
Address: 115 W. OAK DR.
City-St-Zip: LAKELAND, FL 33813

Title: S/T (X) Change () Addition
Name: ACOSTA, HENRY
Address: 308 E. PARK ST.
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. HARLEY M. RICHARDS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date