2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

DOCUMENT# N20727

Entity Name: POLK COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

2150 HARDEN BLVD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

2150 HARDEN BLVD
LAKELAND, FL 33803 US

New Mailing Address:

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
Name: RICHARDS, HARLEY
Address: 2150 HARDEN BLVD.
City-St-Zip: LAKELAND, FL 33803

Title: PE
Name: FORT, ROBERT
Address: 330 E BROADWAY
City-St-Zip: FORT MEADE, FL 33841

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

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

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: SC MR 02/01/2010

Electronic Signature of Signing Officer or Director Date