

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20727

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**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: RICHARDS

DR

04/20/2011

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

\_\_\_\_\_  
Date