

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20727

FILED
Mar 23, 2012
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: ACOSTA, HENRY
Address: 2016 U.S. 92
City-St-Zip: AUBURNDALE, FL 33823

Title: VP
Name: STEVEN, CIARAVINO
Address: 127 S. 5TH ST.
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: CARLOS, POLO
Address: 6390 CYPRESS GARDENS BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S
Name: AGNINI, ANDREW
Address: 2304 LAKELAND HILLS BOULEVARD
City-St-Zip: LAKELAND, FL 33805

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: CARLOS POLO

T

03/23/2012

Electronic Signature of Signing Officer or Director

Date