## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26588

FILED Jan 08, 2007 Secretary of State

Entity Name: DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	LS AVENUE ), FL 32803					
Current Mailing Address:			New Maili	New Mailing Address:		
	LS AVENUE ), FL 32803					
FEI Number: 59-2887067 FEI Number Applied For() I		FEI Number Not Appl	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:		
ORLANDO	H MILLS AVE ), FL 32803	US	ourpose of changing i	ts registered office or registered agent, or both,		
in the State	e of Florida.					
SIGNATUF		i Cina tono f Danistana d Ana		Patr		
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( BEATTIE, JOH 401 N. MILLS A ORLANDO, FL	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( MCINTOSH, DA 520 S MAITLAI MAITLAND, FL	ND AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PE ( SECOR, JEFF 2295 LEE ROA WINTER PARK	AD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SEVOR, JEFFREY 2295 LEE ROAD WINTER PARK, FL 32789		
Title: Name: Address: City-St-Zip:	MATTESON, R 1340 TUSKAW	) Delete OB IILLA RD STE 108 NGS, FL 327513270	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MATTESON, ROB 1340 TUSKAWILLA RD STE 108 WINTER SPRINGS, FL 327513270		
Title: Name: Address: City-St-Zip:	DT ( VALLILLO, MIO 112 E LUCERN ORLANDO, FL		Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition BEATTIE, JEFFREY 1111 LUCERNE TERRACE, STE 100 ORLANDO, FL 32806		
Title: Name: Address: City-St-Zip:	D ( CALDERONE, 415 SUMMERI DEBARY, FL 3	HAVEN DR	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN BEATTIE P 01/08/2007