

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26588

FILED
Jan 05, 2010
Secretary of State

Entity Name: DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

800 N. MILLS AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 N. MILLS AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2887067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWELL, LINDA R
800 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: BEATTIE, JOHN
Address: 401 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: MCINTOSH, DAVID
Address: 520 S MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: ARTHUR, HAROLD
Address: 331 N MAITLAND AVE STE A4
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: MATTESON, ROB
Address: 1340 TUSKAWILLA RD STE 108
City-St-Zip: WINTER SPRINGS, FL 327513270

Title: DT
Name: BEATTIE, JEFFREY
Address: 1111 LUCERNE TERRACE, STE 100
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: CALDERONE, JOSEPH
Address: 415 SUMMERHAVEN DR
City-St-Zip: DEBARY, FL 32713

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: JOHN BEATTIE

DR

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date