

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38456

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** MARION COUNTY DENTAL ASSOCIATION, INC.

**Current Principal Place of Business:**

JUDDSON REED  
2720 S.E. 17TH STREET  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

JUDDSON REED  
2720 S.E. 17TH STREET  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, TIMOTHY M DMD  
1500 S.E. 17TH ST.  
STE. #500  
OCALA, FL 34471 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: D  
Name: DEMETRICK, LECORN DMD  
Address: 2130 SW 22ND PL, #101  
City-St-Zip: Ocala, FL 34471 US

Title: D  
Name: REED, JUDDSON DDS  
Address: 2720 S.E. 17TH STREET  
City-St-Zip: Ocala, FL 34471 US

Title: P  
Name: ROSARIO, LUIS DMD  
Address: 1120 SE 18TH PLACE  
City-St-Zip: Ocala, FL 34471 US

Title: D  
Name: SUTTON, LAWRENCE DDS  
Address: 2825 SE 17TH ST  
City-St-Zip: Ocala, FL 34471

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: JUDDSON REED

D

01/05/2012

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

\_\_\_\_\_  
Date