

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005690

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC.

**Current Principal Place of Business:**

4100 S. DIXIE HIGHWAY  
SUITE A  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

4100 S. DIXIE HIGHWAY  
SUITE A  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 65-0996917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOOSE, KARL J  
4100 S. DIXIE HIGHWAY  
SUITE A  
WEST PALM BEACH, FL 33405 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: FOOSE, KARL J  
Address: 4100 S. DIXIE HIGHWAY SUITE A  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D  
Name: WIXGUL, F.B.  
Address: 1227 HWY 45 N  
City-St-Zip: COLUMBUS, MS 39701

Title: D  
Name: CONNOR, ROBERT  
Address: 1771 INDENEDENCE CT STE 1  
City-St-Zip: BIRMINGHAM, AL 35216

Title: D  
Name: BODO, JOSEPH P JR.  
Address: 7123 N ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: D  
Name: NESTOR, PAUL  
Address: 5301 S DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33611

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: KARL J. FOOSE D.D.S.

DR

01/13/2011

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

\_\_\_\_\_  
Date