

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005690

FILED
Jan 16, 2012
Secretary of State

Entity Name: SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC.

Current Principal Place of Business:

2183 S.E. OCEAN BLVD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2183 S.E. OCEAN BLVD.
STUART, FL 34996

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:

SHENFIELD, RAYMOND D.D.S.
2183 S.E. OCEAN BLVD.
STUART, FL 34996 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: SHENFIELD, RAYMOND
Address: 2183 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: D
Name: FOOSE, KARL
Address: 210 BELMONT ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

Title: D
Name: GATES, DAY
Address: 4404 OLD SHELL ROAD
City-St-Zip: MOBILE, AL 33608

Title: D
Name: HOLLY, JACK JR.
Address: 417 HUDSON DRIVE
City-St-Zip: ELIZABETHTON, TN 37643

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: RAYMOND SHENFIELD DDS

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date