

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 025 ***150.00

DOCUMENT # P93000007940

1. Entity Name
ORTHODONTIC CENTERS OF AMERICA, INC.



Principal Place of Business
**3850 N. CAUSEWAY BLVD
#800
METAIRIE, LA 70002 US**

Mailing Address
**3850 N. CAUSEWAY BLVD.
#800
METAIRIE, LA 70002 US**

40150100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

72-1278948

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PDC
PALMISANO, BART F SR
STREET ADDRESS
3850 N. CAUSEWAY BLVD., #800
CITY-ST-ZIP
METAIRIE, LA 70002 ☒ Delete

TITLE
NAME
PD
Roussos, Chris W.
STREET ADDRESS
3850 N. Causeway Blvd #800
CITY-ST-ZIP
Metairie LA 70002 ☐ Change ☒ Addition

TITLE
NAME
S
CENTOLA, LARRY
STREET ADDRESS
3850 N. CAUSEWAY BLVD., #800
CITY-ST-ZIP
METAIRIE, LA 70002 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
D
BUCHMAN, DENNIS J
STREET ADDRESS
3850 N. CAUSEWAY BLVD., #800
CITY-ST-ZIP
METAIRIE, LA 70002 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
T
GREEN, CATHY
STREET ADDRESS
3850 N. CAUSEWAY BLVD., #800
CITY-ST-ZIP
METAIRIE, LA 70002 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
D
RYAN, ASHTON J JR
STREET ADDRESS
151 CHATEAU ST. MICHEL
CITY-ST-ZIP
KENNER, LA 70065 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy M. Green Cathy M. Green 07-02-07 5048344392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #