

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705514

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Current Principal Place of Business:

LISSETTE ZUKNICK
5122 WHISPERING LEAF TRL
VALRICO, FL 33594

Current Mailing Address:

LISSETTE ZUKNICK
P.O. BOX 611
BRANDON, FL 33509 US

FEI Number: 59-1313117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZUKNICK, LISSETTE MMS.
5122 WHISPERING LEAF TRL
VALRICO, FL 33594 US

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

Officer/Director Detail :

Title	PAST PRESIDENT
Name	CURTIS, LEIGH DR
Address	220 HOLLYWOOD BLVD SE
City-State-Zip:	FORT WALTON FL 32548
Title	PRESIDENT
Name	ALBERT, JEREMY DR.
Address	1806 SHORT BRANCH DR #102
City-State-Zip:	TRINITY FL 34655
Title	DIRECTOR
Name	BEATTIE, JOHN DR.
Address	960 BALDWIN LANE
City-State-Zip:	ORLANDO FL 32814

Title	VP
Name	WORTHAM, JAMES DR
Address	1755 E HWY 50 #B
City-State-Zip:	CLERMONT FL 34711
Title	PRESIDENT
Name	VARGAS, ALBERTO DR.
Address	550 HERITAGE DR #170
City-State-Zip:	JUPITER FL 33458
Title	DIRECTOR
Name	PATEL, SHREENA DR.
Address	3540 S 3RD ST
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: ALBERTO VARGAS

PRESIDENT

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date