

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705514

Entity Name: THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Current Principal Place of Business:

LISSETTE ZUKNICK
6110 WILD ORCHID DR
LITHIA, FL 33547

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.
6110 WILD ORCHID DR
LITHIA , FL 33547 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 BEATTIE, JOHN DR.
Address 960 BALDWIN LANE
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT
Name PATEL, SHREENA DR.
Address 3540 S 3RD ST
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name ROZEN, HENRY DR.
Address FAO
P.O. BOX 611
City-State-Zip: BRANDON FL 33509

Title DIRECTOR
Name ALBERT, THOMAS
Address FAO
P.O. BOX 611
City-State-Zip: BRANDON FL 33509

Title SECRETARY-TREASURER
Name NEALE, WILLIAM DR.
Address FAO
P.O. BOX 611
City-State-Zip: BRANDON FL 33509

Title PAST PRESIDENT
Name RICHARDS, JOHN DR.
Address 6300 WHISKEY CREEK DR
City-State-Zip: FT. MYERS FL 33919

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: WILLIAM NEALE

SECRETARY-TREASURER 04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date