

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705514

**Entity Name:** THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC2993454918**

**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 WORTHAM, JAMES DR  
Address 1755 E HWY 50 #B  
City-State-Zip: CLERMONT FL 34711

Title PAST PRESIDENT  
Name VARGAS, ALBERTO DR.  
Address 550 HERITAGE DR #170  
City-State-Zip: JUPITER FL 33458

Title PRESIDENT-ELECT  
Name BEATTIE, JOHN DR.  
Address 960 BALDWIN LANE  
City-State-Zip: ORLANDO FL 32814

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

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

Title 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: SHREENA PATEL**

**SECRETARY-TREASURER 03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date