

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711747

**Entity Name:** CENTRAL DISTRICT DENTAL ASSOCIATION, INC.**Current Principal Place of Business:**800 N MILLS AVE  
ORLANDO, FL 32803**Current Mailing Address:**800 N MILLS AVE  
ORLANDO, FL 32803 US**FEI Number:** 59-6196823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULTON, MARLINDA D  
800 N MILLS AVE  
ORLANDO, FL 32803 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:** MARLINDA D FULTON

01/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	T
Name	COWELL, CHRIS
Address	228 E NEW YORK AVE STE D
City-State-Zip:	DELAND FL 32724

Title	PRESIDENT
Name	ALTSCHULER, GARY
Address	2251 NW 41 ST. #F
City-State-Zip:	GAINESVILLE FL 32606

Title	PP
Name	APEL, VICTOR
Address	1514 S. BABCOCK ST.
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	SEVER, JEFFREY
Address	295 LEE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	VP
Name	KEOUGH, LEE ANNE
Address	2701 SW 34TH ST.
City-State-Zip:	OCALA FL 34474

*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:** CHRIS COWELL**TREASURER**

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date