

**2014 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:** Yes**Name and Address of Current Registered Agent:**LOWELL, LINDA R  
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:**\_\_\_\_\_  
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            | APEL, VICTOR       |
| Address         | 1514 S BABCOCK ST  |
| City-State-Zip: | MELBOURNE FL 32901 |

|                 |                   |
|-----------------|-------------------|
| Title           | PP                |
| Name            | PRUETT, TIM       |
| Address         | 15820 DORA AVE #A |
| City-State-Zip: | TAVARES FL 32778  |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | ALTSCHULER, GARY      |
| Address         | 2251 NW 41ST ST STE F |
| City-State-Zip: | GAINESVILLE FL 32606  |

|                 |                           |
|-----------------|---------------------------|
| Title           | VP                        |
| Name            | SEVOR, JEFFREY            |
| Address         | 2295 LEE RD               |
| City-State-Zip: | WINTER PARK FL 32789-1889 |

*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:** CHRISTOPHER COWELL**TREASURER****04/02/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date