

2016 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

01/25/2016

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 SEVOR, JEFFREY
Address 2295 LEE ROAD
City-State-Zip: WINTER PARK FL 32789

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

Title VP
Name BERGENS, BRYAN
Address 724 S. BEACH ST.
City-State-Zip: DAYTONA BEACH FL 32114

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: JEFFREY SEVOR

PRESIDENT

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date