

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

DOCUMENT# 717996

**Entity Name:** FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

**Current Principal Place of Business:**

2420 HILLARY CREST ST.  
#307  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

P.O. BOX 7075  
WESLEY CHAPEL, FL 33545 US

**FEI Number:** 23-7264533

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FULTON, MARLINDA  
2420 HILLARY CREST ST.  
#307  
WESLEY CHAPEL, FL 33544 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            PRESIDENT  
Name            ABDONEY, MARK  
Address        2714 W. AZEELE ST.  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            CHURNEY, ROBERT DR  
Address        28469 US HWY. 19 N. #401  
City-State-Zip: CLEARWATER FL 33761

Title            TREASURER  
Name            MOREJON, OSCAR DR.  
Address        815 N. NOVA RD.  
City-State-Zip: DAYTONA BEACH FL 32117

Title            OFFICER  
Name            JOHNSON, PATRICK DR  
Address        5111 EHRlich RD.  
                  #150  
City-State-Zip: TAMPA FL 33624

Title            EXECUTIVE SECRETARY  
Name            FULTON, MARLINDA  
Address        2420 HILLARY CREST ST.  
                  #307  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** MARLINDA FULTON

**EXECUTIVE DIRECTOR**

**01/12/2015**

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

\_\_\_\_\_  
Date