

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED
Jan 25, 2017
Secretary of State
CC3188434455

Entity Name: NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

Current Principal Place of Business:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

Current Mailing Address:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

FEI Number: 53-0214880

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NAPIER, BENNETT CAE
325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303 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 JERRY, ULASZEK CDT, TE
Address 470 WOODCREEK DRIVE
City-State-Zip: BOLINGBROOK IL 60440

Title PAST PRESIDENT
Name LANIER, DENA
Address 1414 CONCORD BLVD
City-State-Zip: COLUMBUS GA 29407

Title ED
Name NAPIER, BENNETT CAE
Address 325 JOHN KNOX RD L103
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT ELECT
Name HERMANIDES, LEON CDT
Address 15955 NE 85TH ST STE 204
City-State-Zip: REDMOND WA 98052

Title DIRECTOR
Name VOSS, HEATHER CDT
Address 4931 SOUTHWESTERN BLVD
City-State-Zip: HAMBURG NY 14075

Title TREASURER
Name SAVAGE, ROBERT
Address 8510 CROWN CRESCENT DR
City-State-Zip: CHARLOTTE NC 28227

Title DIRECTOR
Name WARNER WOJDAN, BARBARA CDT,
 AAACD
Address 3659 TAMPA RD
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name ZICK, TRAVIS
Address 7505 HWY 7 STE 100
City-State-Zip: ST. LOUIS PARK MN 55426

Continues on page 2

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: RACHEL LUOMA

CHIEF STAFF EXECUTIVE 01/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARCIA, CHESTER
Address 22135 ROSCOE BLVD
City-State-Zip: WEST HILLS CA 91304

Title DIRECTOR
Name LEONARDI, THOMAS
Address 570 W COLLEGE AVE
City-State-Zip: YORK PA 17401

Title DIRECTOR
Name FRIESS, TAD
Address 320 E LIBERTY DR
City-State-Zip: WHEATON IL 60187

Title DIRECTOR
Name BUDNY, RENATA CDT, TE
Address 300 JAY ST P409
City-State-Zip: BROOKLYN NY 11201

Title CHIEF STAFF EXECUTIVE
Name LUOMA, RACHEL
Address 325 JOHN KNOX RD
L103
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GITMAN, ROBERT
Address 131 OLD SCHOOLHOUSE RD
City-State-Zip: MECHANICSBURG PA 17055

Title DIRECTOR
Name ANDERS, SARAH
Address 175 PINEVIEW DR
City-State-Zip: AMHERST NY 14228

Title DIRECTOR
Name HARRELL, RICHARD CDT
Address 2429 CENTRAL AVE N
STE 203
City-State-Zip: ST. PETERSBURG FL 33713

Title DIRECTOR
Name WEISS, LARRY
Address 160 LARKIN WILLIAMS INDUSTRIAL
CT
City-State-Zip: FENTON MO 63026