

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001636

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC8064305627**

**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:** No

**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 ELECT  
Name            JERRY, ULASZEK CDT, TE  
Address        470 WOODCREEK DRIVE  
City-State-Zip: BOLINGBROOK IL 60440

Title            PAST PRESIDENT  
Name            BURDETTE, HAROLD JR., CDT  
Address        131 LYON LANE  
City-State-Zip: BIRMINGHAM AL 35211

Title            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            TREASURER  
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            DIRECTOR  
Name            SHEPPARD, LAURA CDT, TE  
Address        3750 MILE RD N  
City-State-Zip: TRAVERSE CITY MI 49686

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

**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:** BENNETT NAPIER

**EXECUTIVE DIRECTOR**

**02/01/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name COHEN, DANA CDT  
Address 855 N VERMONT AVE  
City-State-Zip: LOS ANGELES CA 90029

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

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

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

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

Title DIRECTOR  
Name MURPHY, MARK DDS, FAGD  
Address 724 BROOKWOOD LN EAST  
City-State-Zip: ROCHESTER HILLS MI 48309

Title DIRECTOR  
Name WOOLF, ANTON  
Address 5855 OBERLIN DR  
City-State-Zip: SAN DIEGO CA 92121