

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

Entity Name: NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

FILED
Mar 11, 2021
Secretary of State
0099660652CC

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

Title DIRECTOR
Name MACLIN, DARRYL CDT
Address 36 MILL ST
City-State-Zip: WETHERSFIELD CT 06109

Title TREASURER
Name VOSS, HEATHER CDT
Address 342 HARRIS HILL RD STE 103
City-State-Zip: BUFFALO NY 14221

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

Title DIRECTOR
Name REINA, MICHAEL
Address 135 DURYE A RD
City-State-Zip: MELVILLE NY 11747

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

Title DIRECTOR
Name WALTON, GREG CDT
Address 1637 LAWSON ST
City-State-Zip: DURHAM NC 27703

Title DIRECTOR
Name NAKANISHI, MEGAN
Address 2959 NORTHUP WAY
City-State-Zip: BELLEVUE WA 98009

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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 K LUOMA

CHIEF STAFF EXECUTIVE 03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name DAHL, ELVIS
Address 11707 N MICHIGAN RD
City-State-Zip: ZIONSVILLE IN 46077

Title DIRECTOR
Name ALBENSI, JR., DON
Address 100 COLONY DR
City-State-Zip: IRWIN PA 15642

Title DIRECTOR
Name BORMES, CHRIS
Address 100 S 4TH ST
City-State-Zip: GROVER BEACH CA 93433

Title DIRECTOR
Name LOVE, TOM
Address 6900 SANGER AVE
City-State-Zip: WACO TX 76710

Title SECRETARY
Name BURRIS, DENISE CDT
Address 4488 N SHALLOWFORD RD STE 210
City-State-Zip: ATLANTA GA 30338

Title DIRECTOR
Name YOUNG, JOSEPH
Address 2522 S. BROAD ST
City-State-Zip: PHILADELPHIA PA 19145

Title DIRECTOR
Name THOMPSON, LONNI CDT
Address 5156 BLAZER PKWY STE 110
City-State-Zip: DUBLIN OH 43017

Title DIRECTOR
Name URBAN, DENNIS CDT
Address 161 MACQUESTON PARKWAY SOUTH
City-State-Zip: MOUNT VERNON NY 10550