

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

Entity Name: NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

FILED
Jan 25, 2023
Secretary of State
0116057586CC

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

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

Title DIRECTOR
Name REINA, MICHAEL
Address 1375 N SCOTTSDALE RD BLDG 2 STE 145
City-State-Zip: SCOTTSDALE AZ 85257

Title DIRECTOR
Name SWAFFORD, JILLIAN
Address 1873 SUMMER CITY ROAD
City-State-Zip: PIKEVILLE TN 37367

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

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

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

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

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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 LUOMA

CHIEF STAFF EXECUTIVE 01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WADE, REBECCA CDT
Address 14333 58TH ST. N
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name KIRKWOOD, NATHAN CDT
Address 237 JACKSON MEADOWS DR
City-State-Zip: HERMITAGE TN 37076

Title DIRECTOR
Name HAYES, ROBERT CDT
Address 1101 S YAKIMA ST
City-State-Zip: TACOMA WA 98405

Title DIRECTOR
Name NOWAK, SHAWN
Address 6717 HWY 11 N
City-State-Zip: CARRIERE MS 39426

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

Title DIRECTOR
Name FARAGO, MICHAEL
Address 1 PARK DR UNIT 9
City-State-Zip: WESTFORD MA 01886

Title DIRECTOR
Name ZAVADA, MIKE
Address 1500 W MAIN AVE
City-State-Zip: DEPERE WI 54115

Title DIRECTOR
Name FUCARINO, MORRIS CDT
Address 8411 SW 60TH AVE
City-State-Zip: BUSHNELL FL 33513