2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2013
Secretary of State
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Entity Name: NATIONAL ASSOCIATION FOR MEDICAL AND DENTAL, INC.

Current Principal Place of Business:

5211 US HWY 19 N
STE 200
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5211 US HWY 19 N
STE 200
NEW PORT RICHEY, FL 34652

FEI Number: 59-3555667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANE, TOMMIE
5211 US HWY 19 N
STE 200
NEW PORT RICHEY, FL 34652 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	D	Title	D
Name	PAULES, SHERRI	Name	LANE, CHRISTINE
Address	5211 US HWY 19 N., STE 200	Address	5211 US HWY 19 N., STE 200
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652

Title	D
Name	LANE, TOMMIE
Address	5211 US HWY 19 N., STE 200
City-State-Zip:	NEW PORT RICHEY FL 34652

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: SHERRI PAULES CEO 03/29/2013

Electronic Signature of Signing Officer/Director Detail — Date