

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24000005849

Entity Name: FLORIDA SPECIAL-NEEDS SERVICES FOR EXCEPTIONAL DENTISTRY, INC.

Current Principal Place of Business:

13890 N. US HWY 301
CITRA, FL 32113

Current Mailing Address:

13890 N. US HWY 301
CITRA, FL 32113 UN

FEI Number: 99-3437680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEAMAN, ALLISON
13890 N. US HWY 301
CITRA, FL 32113 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 | P | Title | VP |
| Name | WEITZEL, SUZANNE | Name | WEITZEL, KENT |
| Address | 13890 N. US HWY 301 | Address | 13890 N. US HWY 301 |
| City-State-Zip: | CITRA FL 32113 | City-State-Zip: | CITRA FL 32113 |
| Title | SEC | Title | TREA |
| Name | SEAMAN, ALLISON | Name | SEAMAN, ALLISON |
| Address | 13890 N. US HWY 301 | Address | 13890 N. US HWY 301 |
| City-State-Zip: | CITRA FL 32113 | City-State-Zip: | CITRA FL 32113 |

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: SUZANNE T WEITZEL

PRESIDENT

01/13/2025

Electronic Signature of Signing Officer/Director Detail

Date