

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000007079

**Entity Name:** THE VIRGINIA BROWN COMMUNITY ORTHODONTIC PARTNERSHIP, INCORPORATED

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC6815595213**

**Current Principal Place of Business:**

2405 GRAND  
SUITE 300  
KANSAS CITY, MO 64108

**Current Mailing Address:**

2405 GRAND  
SUITE 300  
KANSAS CITY, MO 64108

**FEI Number: 43-1913088**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, VIRGINIA L  
200 BRADLEY PLACE  
#202  
PALM BEACH, FL 33480 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 DIR, BOARD CHAIRMAN  
Name BROWN, THOMAS C.  
Address 2405 GRAND SUITE 300  
City-State-Zip: KANSAS CITY MO 64108

Title DIR, TREASUER  
Name PAULSEN, REUBEN MR.  
Address 10118 HEMLOCK DR.  
City-State-Zip: OVERLAND PARK KS 66212

Title DIR  
Name TOOMBS, KELLY DR.  
Address 3700 W 83RD ST STE 215  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title DIRECTOR  
Name EGAN, FRANK DR.  
Address 250 PATCHOGUE-YAPHANK ROAD, S-14  
City-State-Zip: EAST PATCHOGUE NY 11772

Title DIRECTOR  
Name KANE, JESS DR.  
Address 1428 MAIN STREET  
City-State-Zip: WALPOLE MA 02081

Title DIRECTOR  
Name LITTON, STEPHEN DR.  
Address 1850 KELLY DR  
City-State-Zip: GOLDEN VALLEY MN 55427

Title DIRECTOR  
Name NOLAN, PHYLLIS  
Address 25910 SPRING VALLEY ROAD  
City-State-Zip: LOUISBURG KS 66053

Title DIRECTOR  
Name SCHMELZER, SUSAN DR.  
Address 1003 HUNTINGTON ROAD  
City-State-Zip: KANSAS CITY MO 64113

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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: THOMAS C. BROWN**

**PRESIDENT**

**04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BROWN, ALEX  
Address        8129 LEE BLVD  
City-State-Zip: LEAWOOD KS 66206