

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007079

FILED
Apr 17, 2013
Secretary of State
CC1262407673

Entity Name: THE VIRGINIA BROWN COMMUNITY ORTHODONTIC PARTNERSHIP, INCORPORATED

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
Name SMITH, SALLY MS.
Address 5608 W. 125TH ST
City-State-Zip: OVERLAND PARK KS 66209

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 DIR
Name BROWN, VIRGINIA L.
Address 5049 WORNALL ROAD, APT 7A&B
City-State-Zip: KANSAS CITY MO 64112

Title DIRECTOR
Name BROWN, PERRY
Address 777 S. FLAGLER DR., SUITE 1600 WEST
City-State-Zip: WEST PALM BEACH FL 33401

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

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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

BOARD CHAIRMAN

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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