

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007029

**Entity Name:** ACADEMY OF RESTORATIVE PEDIATRIC AND IMPLANT  
DENTISTRY INTERNATIONAL INC.

**Current Principal Place of Business:**

1875 MATHEWS MANOR DR  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

1875 MATHEWS MANOR DR  
JACKSONVILLE, FL 32211

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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,PT  
Name POLITE, LEROY R  
Address 1875 MATHEWS MANOR DR  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name PASCOE, BEVERLY R  
Address 1875 MATHEWS MANOR DR  
City-State-Zip: JACKSONVILLE FL 32211

Title D,S  
Name BAUM, JOHN R  
Address 1875 MATHEWS MANOR DR  
City-State-Zip: JACKSONVILLE FL 32211

*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: DR. LEROY R. POLITE**

**PRESIDENT**

**04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date