# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713844 (9)

1. Corporation Name

**NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA , INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 653 W 8TH STREET. BUILDING #1<br>C/O UFHSC-J<br>JACKSONVILLE FL 32209-6511 | 653 W 8TH STREET. BUILDING #1<br>C/O UFHSC-J<br>JACKSONVILLE FL 32209-6511 |

3. Date Incorporated or Qualified: 12/12/1967
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 51-0141516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

WOOD, WALTER
9550 REGENCY SQUARE BLVD.
#304
JACKSONVILLE FL 32225

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | TIPPIN, TERRY | | 1.2 NAME | KLEMENT, BETTY | |
| STREET ADDRESS | 2140 KINGSLEY AVE. | | 1.3 STREET ADDRESS | 2140 KINGSLEY AVE. | |
| CITY-ST-ZIP | ORANGE PARK FL | | 1.4 CITY-ST-ZIP | ORANGE PARK, FL. 32073 | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BREITMOSER, HANK | | 2.2 NAME | | |
| STREET ADDRESS | 1716 UNIVERSITY BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | SHARP, BOB | | 3.2 NAME | | |
| STREET ADDRESS | 1803 UNIVERSITY BLVD. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 4.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | ROMANS, BOB | | 4.2 NAME | | |
| STREET ADDRESS | 4521 ATLANTIC BLVD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WOOD, WALTER | | 5.2 NAME | | |
| STREET ADDRESS | 9550 REGENCY SQUARE BLVD., #304 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | P | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WALKER, LEW | | 6.2 NAME | SCHNEIDER, TED | |
| STREET ADDRESS | 9550 REGENCY SQUARE BLVD. | | 6.3 STREET ADDRESS | 6476 FT. CAROLINE RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32277 | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** WALTER R. L. WOOD, D.M.D. 1/19/96 9047241971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #