## -FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT JF STATE

Sandra B. My cham .\*
Secretary of State

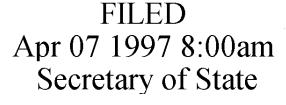
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 713844

(9)

## NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA , INC.





Principal Place of Business		Mailing Address							
653 W STH STR	FFT RIBLDING #1	653 W 8TH STREET, BUILDING #1							
653 W 8TH STREET, BUILDING #1   C/O UFHSC-J		C/O UFHSC-J							
JACKSONVILLE FL 32209-6511 JACKSONVILLE FL 32209-6							T.:		
						3. Date incorporated or Qualified 12/12/1967 3a. Date of Last Report 02/01/1996			
· '	lace of Business	2a. Mailing Address			1	4. FEI Number		Applied For	
21		26				51-0141516		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	75 Additional	
City & State	€ •	City & State	City & State			F Clastica Compaign Financiae	····	e Required	
23		28		] '	Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in			
24	25	29	30	•	'		Yes \[ \] No	101 b. 155.032,	
<u> </u>	9. Name and Address of Currer		.1==1		1	0. Name and Address of New Rec			
•				<b>81</b> Na	me				
WOOD, WALTER				-	in the same				
9550 REGENCY SQUARE BLVD.				82 Str	eet Address	Address (P.O. Box Number is Not Acceptable)			
#304				83	· · · · · · · · · · · · · · · · · · ·				
	NMLLE FL 32225			84 Cit			Total .	7:- O. d.	
					•			Zip Code	
11. Pursuant office or r	to the provisions of Sections 617,050 registered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida, Such change was	tes, the al authorize	oove-nan	ned corporation's	ion submits this statement for the post-	rpose of change	ng its registered	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AN		13.	origina pign	atoro regoreo en	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	S	DELETE	1,1 Ti	TLE		7.5577.0107.017.1102.0 10 01710	X Cha		
NAME	KLEMENT, BETTY		1,2 N		D		<b>44</b>		
STREET ADDRESS	2140 KINGSLEY AVENUE			REET ADDRE	29:				
CITY-ST-ZIP	ORANGE PARK FL			TY-ST-ZIP					
TITLE	D	DELETE	2.1 10				X Cha	nge Addition	
NAME	BREITMOSER, HANK		2.2 N	-	v	•	<b>ED</b> 010	ngo Luarion	
STREET ADDRESS	1716 UNIVERSITY BLVD			reet adore	-				
CITY-ST-ZIP	JACKSONVILLE FL			ITY: ST-ZIP		*************************************			
TITLE	P	X DELETE	3.1 10				☐ Cha	nge X Addition	
NAME	SHARP, BOB		3.2 N/		D		5/1d.	g. tee roution	
STREET ADDRESS	1803 UNIVERSITY BLVD.			reet addre		ll governed			
CITY-ST-ZIP	JACKSONVILLE FL				~   \$6	ll, Howard 27 Baymeadows Rd cksonville, FL	_		
TITLE	V	DELETE	4.1 (	ITY-ST-ZIP	Jai	cksonville, FL	• Cha	nge Addition	
NAME	ROMANS, BOB	Las occost	4.2 N		P	·	ION CHAI	uite I'''I vociliou	
STREET ADDRESS	4521 ATLANTIC BLVD.								
CITY-ST-ZIP	JACKSONVILLE FL			REET ADDRE	35			ļ	
TITLE	T T	DELETE		TY-ST-ZIP			Поъ	The second	
NAME	NOOD WALTED		51 T/		Ī		☐ Cha	nge 🔲 Addition	
[ 1	WOOD, WALTER	D 4004	5.2 N/					1	
STREET ADORESS	9550 REGENCY SQUARE BLV	U-, #3U4		reet addre	ss			j	
CITY-ST-7IP	JACKSONVILLE FL	DELETE		TY-ST-ZIP					
TITLE	D COUNTEDED TED	☐ DELEIF	6.1 Ti		s/s	Pr	X Cha	nge 🔲 Addition	
NAME	SCHNEIDER, TED		6.2 NA			4 4		ļ	
STREET ADDRESS	6476 FT CAROLINE ROAD			reet addre	ss			ľ	
CITY-SI-ZIP	JACKSONVILLE FL		6.4 CI	TY-ST-ZIP		<u> </u>			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

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