FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90059 021 ****61.25

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DOCUMENT # 713844

1. Corporation Name

NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA , INC.

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

2. Principa Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0141516 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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. am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Walter Wood, DMD — 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KLEMENT, BETTY 2140 KINGSLEY AVENUE ORANGE PARK FL 32073	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SCHNEIDER, TED 6476 FT. CAROLINE RD. JACKSONVILLE, FL 32277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAEUSSNER, TED 1409 KINGSLEY AVE ORNAGE PARK FL 32073	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D WOOD, WALTER 9550 REGENCY SQ. BLVD. #304 JACKSONVILLE, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELL, HOWARD 3927 BAYMEADOWS RD JACKSONVILLE FL 32217	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	SD HAEUSSNER, TED 1409 KINGSLEY AVE. ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR FERBER, STEVEN 800 LOMAX ST JACKSONVILLE FL 32204	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOOD, WALTER 9550 REGENCY SQUARE BLVD., #304 JACKSONVILLE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD MULLENS, RICHARD 3215 HENDRICKS AVE. #1 JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHNEIDER, TED 6476 FT CAROLINE ROAD JACKSONVILLE FL 32277	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP BELL, HOWARD 3927 BAYMEADOWS RD. JACKSONVILLE, FL 32217	☒ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Walter Wood, DMD SIGNATURE REQUIRED — 4/20/99 — 904 724 1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #