

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 # 718462 (5)

1. Corporation Name

DENTAL SOCIETY OF GREATER ORLANDO, INC.



Principal Place of Business

800 N. MILLS AVENUE  
ORLANDO FL 32803-1022

Mailing Address

800 N. MILLS AVENUE  
ORLANDO FL 32803-1022

3. Date Incorporated or Qualified  
05/06/1970

3a. Date of Last Report  
07/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number  
23-7098111

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

BROXTON LINDA R.  
800 N. MILLS AVENUE  
ORLANDO FL 32803-1022

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME HAWKINS, ROBERT B. D  
STREET ADDRESS 145 WEKIVA SPG. RD.  
CITY-ST-ZIP LONGWOOD FL

TITLE P ☒ DELETE  
NAME ROGERS, RAY J  
STREET ADDRESS 300 GATLIN AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE  
NAME LANGAN, MICHAEL D  
STREET ADDRESS 610 N. MILLS AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ DELETE  
NAME CHACE, RICK D  
STREET ADDRESS 801 W. MORSE BLVD.  
CITY-ST-ZIP WINTER PARK FL

TITLE TD ☐ DELETE  
NAME JOHNSON, LUCIEN S D.M.D.  
STREET ADDRESS 6161 WINEGARD  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME Harold Arthur, DMD  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Past-President ☒ Change ☐ Addition  
1.2 NAME Director

1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Treasurer/Director ☐ Change ☒ Addition  
2.2 NAME Kahn, Bernard  
2.3 STREET ADDRESS 926 N. Maitland Ave.  
2.4 CITY-ST-ZIP Maitland, Florida 32751

3.1 TITLE President-Elect ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME 300001755073  
4.3 STREET ADDRESS -03/22/96--01111--004  
4.4 CITY-ST-ZIP \*\*\*70.00

5.1 TITLE Secretary ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Director  
6.3 STREET ADDRESS 331 Maitland AvenueA-4  
6.4 CITY-ST-ZIP Maitland, FL 32751

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:

Bernard A. Kahn DDS Bernard A. Kahn DDS 3/4/96 407-894-9798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)