

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723820 (7)**  
1. Corporation Name  
**FLORIDA DENTAL ASSOCIATION, INC.**



Principal Place of Business <b>C/O DANIEL BUKER 1111 E. TENNESSEE ST., #102 TALLAHASSEE FL 32308 US</b>	Mailing Address <b>C/O DANIEL BUKER 1111 E. TENNESSEE ST., #102 TALLAHASSEE FL 32308-6914 US</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>07/05/1972</b>	<b>3a.</b> Date of Last Report <b>03/27/1996</b>
<b>4.</b> FEI Number <b>59-0615479</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**BUKER, DANIEL J.  
1111 E. TENNESSEE ST.  
#102  
TALLAHASSEE FL 32308**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>PARNES, EDMUND I.</b>	1.1 TITLE <b>VPD</b>	1.2 NAME
STREET ADDRESS <b>8700 NORTH KENDALL DRIVE #221</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE <b>MD</b>	NAME <b>BUKER, DANIEL J.</b>	2.1 TITLE <b>SD</b>	2.2 NAME <b>CHICHETTI, RICHARD</b>
STREET ADDRESS <b>1111 E. TENNESSEE ST., #102</b>	CITY-ST-ZIP <b>TALLAHASSEE FL 32308</b>	2.3 STREET ADDRESS <b>1305 THOMASWOOD DRIVE</b>	2.4 CITY-ST-ZIP <b>TALLAHASSEE, FL 32312</b>
TITLE <b>TD</b>	NAME <b>EARLE, LEWIS S.</b>	3.1 TITLE <b>TD</b>	3.2 NAME <b>HARRISON, W. GERALD</b>
STREET ADDRESS <b>255 N. LAKEMONT AVENUE</b>	CITY-ST-ZIP <b>WINTER PARK FL</b>	3.3 STREET ADDRESS <b>1012 W 11th STREET</b>	3.4 CITY-ST-ZIP <b>PANAMA CITY, FL 32401</b>
TITLE <b>PD</b>	NAME <b>WALKER, LEWIS C</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>9550 REGENCY SQUARE BLVD. #212</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <b>VPD</b>	NAME <b>FERRIS, ROBERT T</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>475 MAITLAND AVENUE</b>	CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <b>VPD</b>	NAME <b>FLOYD, THOMAS P</b>	6.1 TITLE	6.2 NAME
STREET ADDRESS <b>400 EXEC. CENTER DR., #105</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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**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.

CR2E037 (9/96)

*[Handwritten signature]* 3/10/97 10:41 AM 7238