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FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723820** (7)
1. Corporation Name
FLORIDA DENTAL ASSOCIATION, INC.



Principal Place of Business C/O DANIEL BUKER 1111 E. TENNESSEE ST., #102 TALLAHASSEE FL 32308 US	Mailing Address C/O DANIEL BUKER 1111 E. TENNESSEE ST., #102 TALLAHASSEE FL 32308 US
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3. Date Incorporated or Qualified 07/05/1972	
4. FEI Number 59-0615479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 reinstating) DATE _____


12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARNES, EDMUND I.	
STREET ADDRESS	8700 NORTH KENDALL DRIVE #221	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BUKER, DANIEL J.	
STREET ADDRESS	1111 E. TENNESSEE ST., #102	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHICHETTI, RICHARD	
STREET ADDRESS	1305 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, LEWIS C	
STREET ADDRESS	9550 REGENCY SQUARE BLVD. #212	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FERRIS, ROBERT T	
STREET ADDRESS	475 MAITLAND AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FLOYD, THOMAS P	
STREET ADDRESS	400 EXEC. CENTER DR., #105	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CADLE, DONALD I.	
1.3 STREET ADDRESS	5823 MAIN STREET	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRISON, W. GERALD	
2.3 STREET ADDRESS	1012 W 11th STREET	
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:  DATE: **4/7/98** (850) 681-3629

CR2E037 (10/97)