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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 723820

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 07/05/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-0615479

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD NAME PARNES, EDMUND I. STREET ADDRESS 8700 NORTH KENDALL DRIVE #221 CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE SD 1.2 NAME BAUKNECHT, ALBERT J 1.3 STREET ADDRESS 3434 ATLANTIC BLVD 1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE MD NAME BUKER, DANIEL J. STREET ADDRESS 1111 E. TENNESSEE ST., #102 CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE TD 2.2 NAME HARRISON, W GERALD 2.3 STREET ADDRESS 1012 W 11th STREET 2.4 CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE VPD NAME CHICHETTI, RICHARD STREET ADDRESS 1305 THOMASWOOD DRIVE CITY-ST-ZIP TALLAHASSEE FL 32312

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE SD NAME CADLE, DONALD I STREET ADDRESS 5823 MAIN ST CITY-ST-ZIP NEW PT RICHEY FL 34852

4.1 TITLE VPD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE VPD NAME FERRIS, ROBERT T STREET ADDRESS 475 MAITLAND AVENUE CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

5.1 TITLE PD 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE PD NAME FLOYD, THOMAS P STREET ADDRESS 400 EXEC. CENTER DR., #105 CITY-ST-ZIP WEST PALM BEACH FL 33401

6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/99

850-681-3629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)