

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725163 (0)**  
1. Corporation Name

**ATLANTIC COAST DISTRICT DENTAL SOCIETY INC**



Principal Place of Business	Mailing Address
5700 LAKE WORTH RD.. SUITE 206 LAKE WORTH FL 33463	5700 LAKE WORTH RD.. SUITE 206 LAKE WORTH FL 33463-3270

3. Date Incorporated or Qualified <b>01/02/1973</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>23-7424048</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country	8. 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**

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

**TAYLOR, MR WILLIAM  
512 N. FLORIDA AVE.  
P.O. BOX 1531  
TAMPA FL 33601**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>2nd VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ASKELAND, RONALD</b>		1.2 NAME	
STREET ADDRESS <b>100 SW 6TH ST.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>POMPAÑO BEACH FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ICYDA, TERI</b>		2.2 NAME <b>JOHN EGITTO</b>	
STREET ADDRESS <b>1001 E OCEAN BLVD</b>		2.3 STREET ADDRESS <b>860 US HWY 1 #105</b>	
CITY - ST - ZIP <b>STUART FL</b>		2.4 CITY - ST - ZIP <b>NORTH PALM BEACH FL 33408</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLOSSER, WILLIAM</b>		3.2 NAME	
STREET ADDRESS <b>900 NW 13TH STREET</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>BOCA RATON FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>PRESIDENT-ELECT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROMER, MARK</b>		4.2 NAME	
STREET ADDRESS <b>5537 W. OAKLAND PK BLVD</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>LAUDERHILL FL</b>		4.4 CITY - ST - ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, ROBT</b>		5.2 NAME	
STREET ADDRESS <b>16244 MILITARY TRL., #260</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>DELRAY BEACH FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JORDAN, JOHN</b>		6.2 NAME	
STREET ADDRESS <b>2617 N. FLAGLER DR. STE 301</b>		6.3 STREET ADDRESS	
CITY - ST - ZIP <b>W PALM BCH. FL</b>		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *William Blosser* **WILLIAM BLOSSER** 1/17/97 561-968-7714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043864

CR2E037 (9/96)