

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

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF REVENUE  
**Sandra B. Morthar**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725163 (0)**  
1. Corporation Name  
**ATLANTIC COAST DISTRICT DENTAL SOCIETY INC**



Principal Place of Business: 5700 LAKE WORTH RD., SUITE 206 LAKE WORTH FL 33463  
Mailing Address: 5700 LAKE WORTH RD., SUITE 206 LAKE WORTH FL 33463

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/02/1973  
4. FEI Number: 23-7424048  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**TAYLOR, MR WILLIAM  
512 N. FLORIDA AVE.  
P.O. BOX 1531  
TAMPA FL 33601**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASKELAND, RONALD	1.2 NAME	
STREET ADDRESS	100 SW 6TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGITTO, JOHN	2.2 NAME	
STREET ADDRESS	880 US HWY 1 #105	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOSSER, WILLIAM	3.3 STREET ADDRESS	
STREET ADDRESS	900 NW 13TH STREET	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	4.2 NAME	
NAME	ROMER, MARK	4.3 STREET ADDRESS	
STREET ADDRESS	5537 W. OAKLAND PK BLVD	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	LAUDERHILL FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	5.2 NAME	
NAME	MILLER, ROBT	5.3 STREET ADDRESS	
STREET ADDRESS	16244 MILITARY TRL., #260	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELRAY BEACH FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	6.2 NAME	
NAME	JORDAN, JOHN	6.3 STREET ADDRESS	
STREET ADDRESS	2617 N. FLAGLER DR. STE 301	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	W PALM BCH. FL		

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 reports 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* 11/14/98 561-968-7714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR12E037 (10/97)