

FILED
May 01, 2000 8:00 am
Secretary of State

02-11-2000 90029 006 ****61.25

DOCUMENT # 725163

1. Entity Name

ATLANTIC COAST DISTRICT DENTAL SOCIETY INC

Principal Place of Business

Mailing Address

5700 LAKE WORTH RD., SUITE 208
 208-3
 LAKE WORTH FL 33463

5700 LAKE WORTH RD #208-3
 208-3
 LAKE WORTH FL 33463-4727
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7424048

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP D	ASKELAND, RONALD	100 SW 6TH ST.	POMPANO BEACH FL	<input type="checkbox"/>
VP - D	GUTIERREZ, PETER	373 FELLSMERE RD.	SEBASTIAN FL	<input type="checkbox"/>
TD	HOFFMAN, CHARLES	525 NORTHLAKE BLVD	N. PALM BEACH FL 33408	<input type="checkbox"/>
VP	D'FLANAGAN, MAUREEN	1644 W HILLSBORO BLVD	DEERFIELD BEACH FL 33442	<input type="checkbox"/>
PD	MILLER, ROBT	16244 MILITARY TRL., #260	DELRAY BEACH FL	<input checked="" type="checkbox"/>
SD	GUTIERREZ, PETER	373 FELLSMERE RD	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD				<input checked="" type="checkbox"/>
VD				<input checked="" type="checkbox"/>
TD				<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>
ED	Catherine Sanson	5700 Lake Worth Rd #208-3	Lake Worth FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD	Samuel McNeill	3400 Forest Hill Blvd	West Palm Beach FL 33406	Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Sanson* **Catherine Sanson** 2/7/00 561-968-77
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #