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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731647
 1. Corporation Name
BROWARD DENTAL RESEARCH CLINIC, INC.

Principal Place of Business 3501 S.W. DAVIE RD. BLDG 08 FT. LAUDERDALE FL 33314	Mailing Address 3501 S.W. DAVIE RD. BLDG 08 FT. LAUDERDALE FL 33314
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 01/10/1975	4. FEI Number 59-1591629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent COBB, WILLIAM 540 E MCNAB ROAD POMPANO BCH FL 33060	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
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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	D JACKSON, DAVID	1.1 TITLE	
NAME	1500 E. BROWARD BLVD.	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KUSNICK, STEVEN	2.1 TITLE	P/D
NAME	3531 N. PINE ISLAND RD.	2.2 NAME	
STREET ADDRESS	SUNRISE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SHERMAN, RICHARD	3.1 TITLE	V/D
NAME	2249 N. UNIVERSITY DR.	3.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD KUPFER, GLENN	4.1 TITLE	S/D
NAME	8214 WILES RD	4.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD BERRY, BRYAN	5.1 TITLE	D
NAME	800 E. BROWARD BLVD., #410	5.2 NAME	Bodnar, Gabor
STREET ADDRESS	FT. LAUDERDALE FL	5.3 STREET ADDRESS	4640 N. Federal Hwy., #E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D MULKAY, ESTEBAN	6.1 TITLE	T/D
NAME	2400 N. UNIVERSITY DR., #215	6.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Steven Kusnick, D.D.S.* SIGNATURE REQUIRED DATE: 4-16-99 DAYTIME PHONE #: 954-475-6779

CR2E037 (11/98)