

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 732996 (4)**  
1. Corporation Name  
**FLORIDA DENTAL LABORATORY ASSOCIATION, INC.**



Principal Place of Business: **2851 REMINGTON GREEN CIR STE B TALLAHASSEE FL 32308-3756 US**  
Mailing Address: **PO BOX 12187 TALLAHASSEE FL 32317-2187 US**

3. Date Incorporated or Qualified: **06/09/1975**  
3a. Date of Last Report: **03/02/1995**  
4. FEI Number: **59-1677431**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**MCRAE, HERB  
2851 REMINGTON GREEN CIR  
STE B  
TALLAHASSEE FL 32308**

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

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 agent 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**

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PALGON, EMANUEL</b>	
STREET ADDRESS	<b>59 ERRICK WAY STE 204</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MUNDEN, INGE</b>	
STREET ADDRESS	<b>4326 HIGHLAND PARK BLVD STE 2</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>MCRAE, HERB</b>	
STREET ADDRESS	<b>2851 B REMINGTON GREEN CIR</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>PED</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHESON, BRUCE</b>	
STREET ADDRESS	<b>404 SE 23RD AVE</b>	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHICKEY, KEN</b>	
STREET ADDRESS	<b>1110-D N. "G" ST</b>	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>PPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, ANTHONY</b>	
STREET ADDRESS	<b>5775 BERRYHILL RD</b>	
CITY - ST - ZIP	<b>MILTON FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>54 MERRICK WAY STE 204</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PRESIDENT / D</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PAST PRESIDENT / D</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SECRETARY / D</b>
6.3 STREET ADDRESS	<b>RICHARD HARRELL</b>
6.4 CITY - ST - ZIP	<b>14333 58TH ST N CLEARWATER, FL 34620</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Herbert W. McRae* **HERBERT W. MCRAE** **2-2-96** **904-422-3352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)