


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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732996 (4)**  
 1. Corporation Name  
**FLORIDA DENTAL LABORATORY ASSOCIATION, INC.**



Principal Place of Business <b>1401 MACLAY COMMERCE DR. TALLAHASSEE FL 32312-3908 US</b>	Mailing Address <b>PO BOX 12187 TALLAHASSEE FL 32317-2187 US</b>
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3. Date Incorporated or Qualified <b>06/09/1975</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-1677431</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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

**MCRAE, HERBERT W**  
**1401 MACLAY COMMERCE DR.**  
**TALLAHASSEE FL 32312-3908**

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

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

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MUNOZ, PHILLIP</b>	
STREET ADDRESS	<b>2810 INDUSTRIAL PLAZA DR., #A</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>PED</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>1401 MACLAY COMMERCE DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>PD</b>	<input checked="" 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 checked="" 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>EVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRELL, RICHARD</b>	
STREET ADDRESS	<b>14333 58TH ST NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>32301</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33813</b>
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EVPD PARKER, WILLIAM</b>
4.3 STREET ADDRESS	<b>4014 SAND PIPER COURT</b>
4.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SD GOLDMAN, DAVID</b>
5.3 STREET ADDRESS	<b>311-F NOLAND DRIVE</b>
5.4 CITY-ST-ZIP	<b>BRANDON, FL 33511</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PED</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>34620</b>

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.

**SIGNATURE:** *Herbert W. McRae* **SIGNATURE REQUIRED** **HERBERT W. MCRAE EX. DIR.** **1/7/98** **850-906-0110**

CR2E037 (10/97)