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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732996

1. Corporation Name
FLORIDA DENTAL LABORATORY ASSOCIATION, INC.

Principal Place of Business
 1401 MACLAY COMMERCE DR.
 TALLAHASSEE FL 32312-3908
 US

Mailing Address
 PO BOX 12187
 TALLAHASSEE FL 32317-2187
 US



2. Principal Place of Business 21 502 East Jefferson Street Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 328 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/09/1975	
22 City & State Tallahassee Florida		27 City & State Tallahassee Florida		4. FEI Number 59-1677431 Applied For Not Applicable	
23 Zip 32301		28 Zip 32302		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		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 MCRAE, HERBERT W. 1401 MACLAY COMMERCE DR. TALLAHASSEE FL 32312-3908				10. Name and Address of New Registered Agent			
				81 Name Bennett Napier			
				82 Street Address (P.O. Box Number is Not Acceptable) 502 East Jefferson Street			
				83			
				84 City Tallahassee	85 State FL	Zip Code 32301	

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: Bennett Napier **Bennett Napier Executive Director/Registered Agent** DATE: **2/4/99**

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, PHILLIP	1.2 NAME	
STREET ADDRESS	2810 INDUSTRIAL PLAZA DR., #A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDEN, INGE	2.2 NAME	
STREET ADDRESS	4326 HIGHLAND PARK BLVD STE 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, HERB	3.2 NAME	
STREET ADDRESS	1401 MACLAY COMMERCE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WILLIAM	4.2 NAME	
STREET ADDRESS	4014 SANDPIPER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLDMAN, DAVID	5.2 NAME	David Goldman
STREET ADDRESS	311-F NOLAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	
TITLE	PED <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, RICHARD	6.2 NAME	
STREET ADDRESS	14333 58TH ST NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	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)(l), 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: [Signature] SIGNATURE REQUIRED **3/24/99** **727/530-9444**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)