

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # 753257 (5)**

1. Corporation Name  
**FLORIDA DENTAL HEALTH FOUNDATION, INC.**



Principal Place of Business: % DANIEL J. BUKER, 1111 E. TENNESSEE ST., STE. 102, TALLAHASSEE FL 32308 US  
Mailing Address: C/O DANIEL J. BUKER, 1111 E. TENNESSEE ST., STE. 102, TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified: **07/07/1980**  
3a. Date of Last Report: **01/30/1995**

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

4. FEI Number: **59-2019148**  
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

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

**BUKER, DANIEL J. MR.**  
**1111 E. TENNESSEE ST.**  
~~**STE. 102**~~  
**TALLAHASSEE FL 32308**

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 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	TD <input type="checkbox"/> DELETE
NAME	D'AUTO, C W
STREET ADDRESS	195 BRAIRCLIFF DR #111
CITY-ST-ZIP	LONGWOOD FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WALLS ROSA ANNA
STREET ADDRESS	301 W AMELIA ST
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, HOWARD C. DR.
STREET ADDRESS	3927 BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARIANA, RICHARD
STREET ADDRESS	6280 SUNSET DRIVE
CITY-ST-ZIP	SOUTH MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BUCKENHEIMER, TERRY L
STREET ADDRESS	4353 S MANHATTAN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	GARSH, DAVE
STREET ADDRESS	313 MACARTHUR PLACE
CITY-ST-ZIP	MAITLAND FL

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	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MARIANI, RICHARD</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Richard Mariana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-6-96 Daytime Phone #: 305-6613371

CR2E037 (12/95)