

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 # **757781** (0)
1. Corporation Name
THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.



Principal Place of Business: **31 SOUTH PARK ST. HANOVER NH 03755**
Mailing Address: **31 SOUTH PARK STREET HANOVER NH 03755-2131 US**

3. Date Incorporated or Qualified: **04/29/1981**
3a. Date of Last Report: **03/28/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 91-1157301	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MEDINA, JOSE E 5002 NW 18TH PLACE GAINESVILLE FL 32605		10. Name and Address of New Registered Agent	
81. Name	Mitchell, Jan K.		
82. Street Address (P.O. Box Number is Not Acceptable)	32 Hawaiian Blvd.		
83. City	St. August		
84. City	St. Augustine	85. State	FL
		86. Zip Code	32084

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: Jan Mitchell (NOTE: Registered Agent signature required when reinstating) DATE: 21 Feb 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENE, ROBERT C.	1.2 NAME	Kinley K. Adams
STREET ADDRESS	31 SOUTH PARK ST.	1.3 STREET ADDRESS	876 Welcamp Way S.E.
CITY-ST-ZIP	HANOVER, NH.	1.4 CITY-ST-ZIP	Salem, OR 97302
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, ANDERSON H.	2.2 NAME	
STREET ADDRESS	22121 N.E. 60TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSON, CRAIG	3.2 NAME	
STREET ADDRESS	10697 E FAIR PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGONER, JOEL M. D	4.2 NAME	
STREET ADDRESS	411 CARRIAGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BECKLEY WV	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINE, DAVID O.	5.2 NAME	VINCI, RICHARD C.
STREET ADDRESS	38 WAKEFIELD COURT	5.3 STREET ADDRESS	6 BOULDOERCRAFT CT.
CITY-ST-ZIP	IOWA CITY IA	5.4 CITY-ST-ZIP	ROCKVILLE MD
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, CHESTER J	6.2 NAME	JONES, GORDON K.
STREET ADDRESS	345 E 6TH ST	6.3 STREET ADDRESS	1541 N. MCKINLEY RD.
CITY-ST-ZIP	MCMINNVILLE OR	6.4 CITY-ST-ZIP	LAKE FOREST, IL 60045-1377

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: Robert C. Keene DATE: 5/1/96 DAYTIME PHONE #: 603 843 4142

CR2E037 (12/95)