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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 757781 (0)  
1. Corporation Name

THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.



Principal Place of Business

Mailing Address

31 SOUTH PARK ST.  
HANOVER NH 03755

31 SOUTH PARK STREET  
HANOVER NH 03755-2131  
US

3. Date Incorporated or Qualified

04/29/1981

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 876 Welcome Way S.E.

26

4. FEI Number

91-1157301

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 Salem, Ore

Suite, Apt. #, etc.

27 876 Welcome Way

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 97302

City & State

28 Salem, ORE.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24

25

Zip

29 97302

Country

30 U.S.

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

MITCHELL, JAN K  
32 HAWAIIAN BLVD.  
GAINESVILLE FL 32084

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST  
NAME ADAMS, KINLEY K  
STREET ADDRESS 876 WELCOME WAY S.E.  
CITY-ST-ZIP SALEM OR

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  
NAME MAXWELL, ANDERSON H.  
STREET ADDRESS 22121 N.E. 60TH ST.  
CITY-ST-ZIP REDMOND WA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
 Change  Addition

TITLE VP  
NAME PASSON, CRAIG  
STREET ADDRESS 10697 E FAIR PLACE  
CITY-ST-ZIP ENGLEWOOD CO

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  
NAME WAGONER, JOEL M. D  
STREET ADDRESS 411 CARRIAGE DRIVE  
CITY-ST-ZIP BECKLEY WV

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  
NAME VIRCI, RICHARD C  
STREET ADDRESS 6 BOULDECREST CT.  
CITY-ST-ZIP ROCKVILLE MD

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

TITLE P  
NAME JONES, GORDON K  
STREET ADDRESS 1541 N. MCKINLEY RD.  
CITY-ST-ZIP LAKE FOREST IL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

14. I do 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/97

503-363-0031

CR2E037 (9/96)