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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757781 (0)
1. Corporation Name
THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.



Principal Place of Business 876 WELCOME WAY SE SALEM OR 97302 US	Mailing Address 876 WELCOME WAY SALEM OR 97302 US
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3. Date Incorporated or Qualified 04/29/1981	
4. FEI Number 91-1157301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MITCHELL, JAN K
32 HAWAIIAN BLVD.
GAINESVILLE FL 32084**

10. Name and Address of New Registered Agent
**81 Name Dr. Jose Medina
82 Street Address (P.O. Box Number is Not Acceptable) 3002 N.W. 18th Place
83 Gainesville
84 City Gainesville FL 85 Zip Code 32605**

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 *Jose Medina* *Jose Medina* DATE *2/18/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST ADAMS, KINLEY K	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	876 WELCOME WAY S.E.	1.2 NAME	
STREET ADDRESS	SALEM OR	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D MAXWELL, ANDERSON H.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	22121 N.E. 80TH ST.	2.2 NAME	<i>Tyler Michael</i>
STREET ADDRESS	REDMOND WA	2.3 STREET ADDRESS	<i>1518 TUBA OT</i>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<i>VIOWANA, VA 22182</i>
TITLE	VP PASSON, CRAIG	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10697 E FAIR PLACE	3.2 NAME	
STREET ADDRESS	ENGLEWOOD CO	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D WAGONER, JOEL M. D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	411 CARRIAGE DRIVE	4.2 NAME	
STREET ADDRESS	BECKLEY WV	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D VIRCI, RICHARD C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6 BOULDECREST CT.	5.2 NAME	
STREET ADDRESS	ROCKVILLE MD	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	P JONES, GORDON K	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1541 N. MCKINLEY RD.	6.2 NAME	
STREET ADDRESS	LAKE FOREST IL	6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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: *Kinley Adams* DATE: *2/22/98* ID: *503-363-0031*

CR2E037 (10/97)