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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 # 757781

1. Corporation Name
THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

Principal Place of Business	Mailing Address
876 WELCOME WAY SE SALEM OR 97302 US	876 WELCOME WAY SALEM OR 97302 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/29/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	91-1157301
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEDINA, DR. JOSE 5002 NW 18TH PLACE GAINESVILLE FL 32605	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ DATE _____
 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	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KINLEY K	1.2 NAME	
STREET ADDRESS	876 WELCOME WAY S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, MICHAEL	2.2 NAME	
STREET ADDRESS	1518 TUBA CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA 22182	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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRCI, RICHARD C	5.2 NAME	
STREET ADDRESS	6 BOULDECREST CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GORDON K	6.2 NAME	
STREET ADDRESS	1541 N. MCKINLEY RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	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, with all other like empowered.

SIGNATURE: _____ DATE: 1/14/99 DAYTIME PHONE #: 503-363-0091

CR2E037 (11/98)