

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90082 036 ****61.25

DOCUMENT # 757781

1. Entity 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 97302-3936
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1157301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, DR. JOSE
5002 NW 18TH PLACE
GAINESVILLE FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TYLER, MICHAEL**
 STREET ADDRESS **1518 TUBA CT**
 CITY-ST-ZIP **VIENNA VA 22182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE** *[Signature]* **Adams** **1/11/00** **503-363-0031**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)