

**2002 UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90101 050 \*\*\*\*61.25

**DOCUMENT # 757781**  
 1. Entity Name  
**THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.**

Principal Place of Business	Mailing Address
7831 OAK COURT HIGHLAND CA 92346 US	7831 OAK COURT HIGHLAND CA 92346 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

  
 DO NOT WRITE IN THIS SPACE  
 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  
**MEDINA, DR. JOSE**  
**4752 S.W. 88TH DR.**  
**GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent  
 Name **VINCI, DR. RICHARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**144 BUCKSKIN WAY**  
**WINTER SPRINGS, FL**  
 City **FL** Zip Code **32708**

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 *Richard C. Vinci* (NOTE: Registered Agent signature required when reinstating) DATE *2/28/02*  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ADAMS, KINLEY</b> <b>876 WELCOME WAY S.E.</b> <b>SALEM OR 97302</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ST. GERMAIN, HENRY A JR</b> <b>3321 CROWN POINTE RD.</b> <b>LINCOLN NE 68506</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROGGENKAMP, CLYDE</b> <b>7831 OAK COURT</b> <b>HIGHLAND CA 92346</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL TYLER</b> <b>109 BRIARWOOD LANE</b> <b>LYNCHBURG VA 24501</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VINCI, RICHARD C</b> <b>713 WHARTON ST.</b> <b>OCEANSIDE CA 92054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JONES, GORDON K</b> <b>1541 N. MCKINLEY RD/</b> <b>LAKE FOREST IL 60045</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FREDERICKSON, DR. DANIEL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5 CORINTHIAN COURT</b> <b>TIBURON, CA 94920-1740</b> <b>VICE-PRES.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRIDGEMAN, DR. R. CRAIG</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2348 HIWAY 105</b> <b>HERITAGE COURT, SUITE 1</b> <b>BOONE, NC 28607</b> <b>PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOUSCHLICHER, DR. MURRAY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5 QUINCENT COURT</b> <b>IOWA CITY, IA 52245-5712</b> <b>DIRECTOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Clyde Roggenkamp* **Clyde Roggenkamp, Secy/Treas.** Feb. 26, 2002 (909) 862-5732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)