


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90247 022 ****61.25

DOCUMENT # 757781					
1. Entity Name THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.					
Principal Place of Business LLUSD RESTORATIVE DEPT, PRINCE HALL #1134 11092 ANDERSON ST LOMA LINDA, CA 92350 US			Mailing Address LLUSD RESTORATIVE DEPT, PRINCE HALL #1134 11092 ANDERSON ST LOMA LINDA, CA 92350 US		
2. Principal Place of Business 11339 Campus Street		3. Mailing Address 11339 Campus Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005 Chg-NP CR2E037 (10/03)	
City & State Loma Linda, CA		City & State Loma Linda, CA		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			
Zip 92354-3301		Country USA		Zip 92354-3301	
Country USA		Country USA			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VINCI, RICHARD DR 144 BUCKSKIN WAY WINTER SPRINGS, FL 32708			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDERICKSON, DANIEL DR 5 CORINTHIAN COURT TIBURON, CA 949201740 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. GERMAIN, HENRY A JR 3321 CROWN POINTE RD. LINCOLN, NE 68506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGGENKAMP, CLYDE 11092 ANDERSON ST LOMA LINDA, CA 92350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11339 Campus Street Loma Linda, CA 92354-3301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIDGEMAN, R CRAIG DR 2348 HIWAY 105 HERITAGE CT SUITE 1 BOONE, NC 28607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD VINCI, RICHARD C 713 WHARTON ST. OCEANSIDE, CA 92054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEFENDERFER, KIM E DR. 1053 WREN'S GATE MUNDELEIN, IL 60060 <input type="checkbox"/> Delete	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: <i>Clyde Roggenkamp</i>		15 Apr 05		(909) 796-1239	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	