

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 035 ****61.25



DOCUMENT # 757781

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

Principal Place of Business
~~14339 CAMPUS ST
LOMA LINDA CA 92334
US~~

Mailing Address
~~11339 CAMPUS ST
LOMA LINDA CA 92334
US~~

2. Principal Place of Business - No P.O. Box #
1053 WREN'S GATE

3. Mailing Address
1053 WREN'S GATE

Suite, Apt. #, etc.

City & State
MUNDELEIN, IL

City & State
MUNDELEIN, IL

4. FEI Number
91-1157301

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
60060

Country
USA

Zip
60060

Country
USA



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**VINCI, RICHARD DR
144 BUCKSKIN WAY
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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	P FREDERICKSON, DANIEL DR 5 CORINTHIAN COURT TIBURON CA 94920-1740 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, JAN K. DR. 449 CONGRESSIONAL COURT AUGUSTA, GA 30907-7908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, JAN K 6981 SEOLIOIA CIRCLE ANCHORAGE AK 99516 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGGENKAMP, CLAYDE DR. 11339 CAMPUS ST LOMA LINDA, CA 92354 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGGENKAMP, CLAYDE 11339 CAMPUS ST LOMA LINDA CA 92354 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLKER, JUSTINE L., DR 2048 ASHLAND DRIVE CORALVILLE, IA 5224-0533 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, KRISTOPHER J. DR 2400 NORTH SAURE DRIVE CLEAR LAKE, IA 50428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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 exemptions contained in Section 119, 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: *Kim E Diefenderfer* **4/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date