

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757781

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

1053 WREN'S GATE
MUNDELEIN, IL 60060 US

New Principal Place of Business:

Current Mailing Address:

1053 WREN'S GATE
MUNDELEIN, IL 60060 US

New Mailing Address:

FEI Number: 91-1157301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VINCI, RICHARD DR
QUARTERS HJ, MUSTIN ROAD
JACKSONVILLE, FL 32212 US

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: _____

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, JAN K DR
Address: 449 CONGRESSIONAL COURT
City-St-Zip: AUGUSTA, GA 30907

Title: VP () Delete
Name: ROGGENKAMP, CLYDE DR
Address: 11339 CAMPUS ST
City-St-Zip: LOMA LINDA, CA 92354

Title: S () Delete
Name: KOLKER, JUSTINE L DR
Address: 2048 ASHLYND DRIVE
City-St-Zip: CORALVILLE, IA 52248

Title: D () Delete
Name: BRIDGEMAN, R CRAIG DR
Address: 2348 HIWAY 105 HERITAGE CT SUITE 1
City-St-Zip: BOONE, NC 28607

Title: D () Delete
Name: KELLY, KRISTOPHER J DR
Address: 2400 NORTH SHORE DRIVE
City-St-Zip: CLEAR LAKE, IA 50428

Title: T () Delete
Name: DIEFENDERFER, KIM E DR.
Address: 1053 WREN'S GATE
City-St-Zip: MUNDELEIN, IL 60060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM E. DIEFENDERFER

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date