2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757781

Apr 22, 2010 Secretary of State

Date

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

US

New Principal Place of Business: Current Principal Place of Business:

1053 WREN'S GATE MUNDELEIN, IL 60060

Current Mailing Address: New Mailing Address:

1053 WREN'S GATE MUNDELEIN, IL 60060 US

FEI Number: 91-1157301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VINCI, RICHARD DR QUARTERS HJ, MUSTIN ROAD JACKSONVILLÉ, FL 32212

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:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

MITCHELL, JAN K DR Name:

Address: 449 CONGRESSIONAL COURT

City-St-Zip: AUGUSTA, GA 30907

Title:

Name: ROGGENKAMP, CLYDE DR Address: 11339 CAMPUS ST City-St-Zip: LOMA LINDA, CA 92354

Title:

KOLKER, JUSTINE L DR Name: Address: 2048 ASHLYND DRIVE City-St-Zip: CORALVILLE, IA 52248

Title:

Name: BRIDGEMAN, R CRAIG DR

2348 HIWAY 105 HERITAGE CT SUITE 1 Address:

City-St-Zip: BOONE, NC 28607

Title:

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

Title:

DIEFENDERFER, KIM E DR. Name: Address: 1053 WREN'S GATE MUNDELEIN, IL 60060 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: KIM E. DIEFENDERFER T 04/22/2010