

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757781

FILED  
Mar 25, 2012  
Secretary of State

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

**Current Principal Place of Business:**

8113 LIONS CREST WAY  
GAITHERSBURG, MD 20879 US

**New Principal Place of Business:**

**Current Mailing Address:**

8113 LIONS CREST WAY  
GAITHERSBURG, MD 20879 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  
QUARTERS HJ, MUSTIN ROAD  
JACKSONVILLE, FL 32212 US

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

VINCI, RICHARD DR  
144 BUCKSKIN WAY  
WINTER SPRINGS, FL 32708 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/25/2012

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: DIEFENDERFER, KIM E DR  
Address: 8113 LIONS CREST WAY  
City-St-Zip: GAITHERSBURG, MD 20879

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

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

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

Title: D  
Name: MITCHELL, JAN K DR  
Address: 449 CONGRESSIONAL COURT  
City-St-Zip: AUGUSTA, GA 30907

Title: S  
Name: JONES, DAVID W DR.  
Address: 503 CHADWICK SHORES DRIVE  
City-St-Zip: SNEADS FERRY, NC 28460

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

DR

03/25/2012

Electronic Signature of Signing Officer or Director

Date