


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90154 006 \*\*\*\*61.25

0098207

**DOCUMENT # 757781**  
1. Entity Name  
**THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.**



Principal Place of Business  
**7831 OAK COURT  
HIGHLAND CA 92346  
US**

Mailing Address  
**7831 OAK COURT  
HIGHLAND CA 92346  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **91-1157301**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES (Below)

**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 *Clyde Roggenkamp* March 17, 2003  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25**

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	<b>VP FREDERICKSON, DANIEL DR 5 CORINTHIAN COURT TIBURON CA 94920-1740</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ST. GERMAIN, HENRY A JR 3321 CROWN POINTE RD. LINCOLN NE 68506</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROGGENKAMP, CLYDE 7831 OAK COURT HIGHLAND CA 92346</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRIDGEMAN, R CRAIG DR 2348 HIWAY 105 HERITAGE CT SUITE 1 BOONE NC 28607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VINCI, RICHARD C 713 WHARTON ST. OCEANSIDE CA 92054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOUSCHLICHER, MURRAY DR 5 QUINCENT COURT IOWA CITY IA 52245-5712</b>	<input checked="" 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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST SEC/TREAS. (OR DIRECTOR) DR. KIM E. DIEFENDERFER 1053 WREN'S GATE MUNDELEIN, IL 60060</b>	<input checked="" type="checkbox"/> Change <input checked="" 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: *Clyde Roggenkamp* March 17, 2003 (909) 862-5782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)