

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# F97000001850

Entity Name: NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC.

**Current Principal Place of Business:**

1800 15TH ST  
#100  
DENVER, CO 80202

**New Principal Place of Business:**

**Current Mailing Address:**

1800 15TH ST  
#100  
DENVER, CO 80202

**New Mailing Address:**

FEI Number: 84-6129064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DORN, SAMUEL O  
8200 W SUNRISE BLVD #B2  
FT LAUDERDALE, FL 33322      US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: DENICOLA, ROSS  
Address: 6509 GOVERNMENT ST SUITE A  
City-St-Zip: BATON ROUGE, LA 70806

Title: P      ( ) Delete  
Name: GRIBBEN, PATRICK P JR  
Address: 306 W SPRING MEADOW LN  
City-St-Zip: DEWITTT, MI 48909

Title: ST      ( ) Delete  
Name: WEINSTEIN, STEPHEN  
Address: 1401 17TH ST  
City-St-Zip: DENVER, CO 80202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: MAGGIO, FRANK A DR.  
Address: 2000 LARKIN AVENUE  
City-St-Zip: ELGIN, IL 60123

Title: V-C      (X) Change ( ) Addition  
Name: PORTER, GARY  
Address: PO BOX 907  
City-St-Zip: HATFIELD, PA 19440

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN WEINSTEIN

ST

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date