

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2008**  
**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: C ( ) Delete  
Name: PORTER, GARY  
Address: 245 TOWNSHIP LINE ROAD  
City-St-Zip: HATFIELD, PA 19440 US

Title: V-C ( ) Delete  
Name: HAUGHT, RICHARD DDS  
Address: 6716 EAST PINE  
City-St-Zip: TULSA, OK 74115 US

Title: ST ( ) Delete  
Name: WEINSTEIN, STEPHEN  
Address: 370 17TH STREET, SUITE 4800  
City-St-Zip: DENVER, CO 80202

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

Title: V-C (X) Change ( ) Addition  
Name: HAUGHT, RICHARD DDS  
Address: 6716 EAST PINE  
City-St-Zip: TULSA, OK 74115 US

Title: V-C (X) Change ( ) Addition  
Name: FLESZAR, THOMAS DDS  
Address: 4100 OKEMOS ROAD  
City-St-Zip: OKEMOS, MI 48864 US

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: JULIE SNYDER

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

CONT

01/08/2008

\_\_\_\_\_  
Date