

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**MAY -1 AM 8:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # L89856 (3)**

1. Corporation Name:  
**ACADEMY FOR DENTAL ASSISTANTS, INC.**

Principal Place of Business: **29605 U.S. HIGHWAY 19, NORTH SUITE 180 CLEARWATER FL 34621**

Mailing Address: **29605 U.S. HIGHWAY 19, NORTH SUITE 180 CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc. **27**

23. City & State: **28**

24. Zip: **25** County: **29** 30

3. Date Incorporated or Qualified: **07/30/1990**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3025057**

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. This corporation has liability for obligations for under S. 199.092, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**ELISA A. GREENBERG  
29605 US HWY 19 N., #180  
CLEARWATER FL 34621**

**10. Name and Address of New Registered Agent**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**12.1** TITLE: **PD**  
NAME: **GREENBERG, LESTER B.**  
STREET ADDRESS: **29605 US HWY 19 N #180**  
CITY, ST, ZIP: **CLEARWATER FL**

**12.2** TITLE: **VST**  
NAME: **GREENBERG, ELISA A.**  
STREET ADDRESS: **29605 US HWY 19 N #180**  
CITY, ST, ZIP: **CLEARWATER FL**

**12.3** TITLE: **V**  
NAME: **GREENBERG, MELISSA**  
STREET ADDRESS: **29605 US HWY 19, N, #180**  
CITY, ST, ZIP: **CLEARWATER FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2**

Change  Addition

**13.1** TITLE: \_\_\_\_\_

**13.2** NAME: \_\_\_\_\_

**13.3** STREET ADDRESS: \_\_\_\_\_

**13.4** CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

**13.5** TITLE: \_\_\_\_\_

**13.6** NAME: \_\_\_\_\_

**13.7** STREET ADDRESS: \_\_\_\_\_

**13.8** CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

**13.9** TITLE: \_\_\_\_\_

**13.10** NAME: \_\_\_\_\_

**13.11** STREET ADDRESS: \_\_\_\_\_

**13.12** CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

**13.13** TITLE: \_\_\_\_\_

**13.14** NAME: \_\_\_\_\_

**13.15** STREET ADDRESS: \_\_\_\_\_

**13.16** CITY, ST, ZIP: \_\_\_\_\_

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Karen Sekelsky* **KAREN SEKELSKY, DIRECTOR** **4/30/95** **787-7733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR