FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26588 (6)

1. Corporation Name

DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
800 N. MILLS AVENUE ORLANDO FL 32803	800 N. MILLS AVENUE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2887067 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RUBINO, NICHOLAS J.
114 PARK LAKE ST
ORLANDO 32803

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): 535 Versailles Drive, Suite 150
63
64 City: Maitland FL 65 Zip Code: 32751

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	ADDABBO, FRANK	12 NAME	Hawkins, Robert	
STREET ADDRESS	6001 VINELAND RD	13 STREET ADDRESS	145 Wekiva Spgs Rd., #129	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, RICHARD	22 NAME		
STREET ADDRESS	338 N. MAGNOLIA AVE.,#C	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	PP	31 TITLE	D	☒ Change ☐ Addition
NAME	PELLARIN, ROBERT	32 NAME		
STREET ADDRESS	201 MORAY LANE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	PP	☒ Change ☐ Addition
NAME	FERRIS, GERALDINE	42 NAME		
STREET ADDRESS	475 N MAITLAND AVE	43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	VALLILLO, MICHAEL	52 NAME		
STREET ADDRESS	112 E LUCERNE CIR	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	PD 8/25/98	☒ Change ☐ Addition
NAME	ROGERS, RAY	62 NAME		
STREET ADDRESS	300 GATLIN AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP		

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray Rogers Jr. Ray Rogers, Jr., D.M.D. 4/24/95 407/894-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003488