FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 05/24/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2887067 ☐ Applied For ☐ Not Applicable

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

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

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.
535 VERSAILLES DR., SUITE 150
MAITLAND FL 32751

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	ADDABBO, FRANK		1.2 NAME	Robert Hawkins	
STREET ADDRESS	6001 VINELAND RD		1.3 STREET ADDRESS	145 Wekiva Spgs Rd., Suite 129	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Longwood,FL 32779	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, RICHARD		2.2 NAME		
STREET ADDRESS	338 N. MAGNOLIA AVE.,#C		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PELLARIN, ROBERT		3.2 NAME		
STREET ADDRESS	201 MORAY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	PP	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	FERRIS, GERALDINE		4.2 NAME		
STREET ADDRESS	475 N MAITLAND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VALLILLO, MICHAEL		5.2 NAME		
STREET ADDRESS	112 E LUCERNE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, RAY		6.2 NAME		
STREET ADDRESS	300 GATLIN AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 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)(k), 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 added on an attachment with an address.

SIGNATURE: _____ 3/25/96 407-894-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)