

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

FILED
Mar 02 1996 8:00am
Secretary of State

DOCUMENT # 717996 (3)
1. Corporation Name
FLORIDA SOCIETY OF PERIODONTISTS, INCORPORATED



Principal Place of Business: **C/O MRS. FRANCES N. ALLEN, P.O. BOX 743, CLINTON MS 39060, US**
Mailing Address: **% DR. SAU LOW, U.F. DEPT. PERIO. BOX J434, GAINESVILLE FL 32610, US**

3. Date Incorporated or Qualified: **02/02/1970**
3a. Date of Last Report: **02/02/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|---|---|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4 | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 23-7264533 | <input checked="" type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5 | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6 | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**FOSTER, ROBERT MCK
1897 PALM BEACH LAKES BLVD., SUITE 219
W. PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number Is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | State |
| | 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | TD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOW, SAM DR | 1.2 NAME | |
| STREET ADDRESS | U.F. DEPT OF PERIODONTOLOGY, BOX J434 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL 32610 | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHASE, STEPHEN DR | 2.2 NAME | |
| STREET ADDRESS | 7600 RED RD., STE. #216 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LODATO, FRANK DR | 3.2 NAME | |
| STREET ADDRESS | 2510 W. VIRGINIA AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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 on an attachment with an address.

SIGNATURE: *Samuel B. Low*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96
Date

352 392 4305
Daytime Phone #

CF2E037 (12/95)