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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90093 006 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41215**

1. Corporation Name

**AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.**

Principal Place of Business

C/O GERALDINE M. FERRIS  
475 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

C/O GERALDINE M. FERRIS  
475 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 C/O Geraldine M. Ferris	26 c/o Geraldine M. Ferris	12/10/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 2118 LAKE DRIVE	27 2118 LAKE DRIVE	59-3046056
City & State	City & State	Applied For
23 WINTER PARK, FL	28 WINTER PARK, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24 32789	29 32789	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25 USA	30 USA	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FERRIS, GERALDINE M.  
475 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name	FERRIS, GERALDINE M.
82 Street Address (P.O. Box Number is Not Acceptable)	2118 LAKE DRIVE
83	
84 City	WINTER PARK FL
85 Zip Code	32789

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

*Geraldine M. Ferris*

(NOTE: Registered Agent signature required when reinstating)

02-25-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, GERALDINE M.	1.2 NAME	FERRIS, GERALDINE M.
STREET ADDRESS	475 MAITLAND AVE.	1.3 STREET ADDRESS	2118 LAKE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAB, KHALID	2.2 NAME	
STREET ADDRESS	3013 CULLEN LAKES SHS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUECK, GHISLAINE	3.2 NAME	
STREET ADDRESS	5349 LAKE JESSAMINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILAL, TALAL E.	4.2 NAME	
STREET ADDRESS	600 S. ORLANDO AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, KEITH	5.2 NAME	
STREET ADDRESS	5218 JAMMES RD, STE 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUREIH, SAMIR	6.2 NAME	
STREET ADDRESS	10 EAST 31ST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Geraldine M. Ferris*

**SIGNATURE REQUIRED**

Geraldine M. Ferris 02-25-1999 (407)695-2600

Date

Daytime Phone #

CR2E037 (11/98)