

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41215

1. Entity Name

AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O GERALDINE M. FERRIS
2118 LAKE DR
WINTERPARK FL 32789

C/O GERALDINE M. FERRIS
2118 LAKE DR
WINTERPARK FL 32789-2840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3046056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRIS, GERALDINE M.
2118 LAKE DRIVE
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRIS, GERALDINE M.	
STREET ADDRESS	2118 LAKE DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAB, KHALID	
STREET ADDRESS	3013 CULLEN LAKES SHS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLUECK, GHISLAINE	
STREET ADDRESS	5349 LAKE JESSAMINE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILAL, TALAL E.	
STREET ADDRESS	600 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCOIS, KEITH	
STREET ADDRESS	5218 JAMMES RD, STE 2	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUREIH, SAMIR	
STREET ADDRESS	10 EAST 31ST ST.	
CITY-ST-ZIP	BALTIMORE MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

(407) 695-2600

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90150 037 ****61.25



DO NOT WRITE IN THIS SPACE