

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41215

1. Entity Name

AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRIS, GERALDINE M.	
STREET ADDRESS	2118 LAKE DR	
CITY-ST-ZIP	WINTER PARK FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAB, KHALID	TRUSTEE
STREET ADDRESS	3013 CULLEN LAKES SHS DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" 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.	TRUSTEE
STREET ADDRESS	600 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" 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, MD	TRUSTEE
STREET ADDRESS	10 EAST 31ST ST.	
CITY-ST-ZIP	BALTIMORE MD	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FERRIS	VICE PRESIDENT
STREET ADDRESS	8324 OYINGTON	
CITY-ST-ZIP	BALTIMORE, MD 21286	
TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAH F. YANKUS	SECRETARY
STREET ADDRESS	3903 PEACHTREE PARK DR.	TREASURER
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAH F. YANKUS	
STREET ADDRESS	3903 PEACHTREE PARK DR.	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90092 039 *****61.25



DO NOT WRITE IN THIS SPACE

0024808

CR2E037 (10/00)

01/23/01 407-695-2600