

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753257

FILED
Mar 13, 2005
Secretary of State

Entity Name: FLORIDA DENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1113 EAST TENNESSEE STREET
SUITE 300
TALLAHASSEE, FL 323086914 US

New Principal Place of Business:

Current Mailing Address:

C/O DANIEL J. BUKER
1111 E. TENNESSEE ST.,
TALLAHASSEE, FL 323086914 US

New Mailing Address:

FEI Number: 59-2019148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUKER, DANIEL J. MR.
1111 E. TENNESSEE ST.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

BUKER, DANIEL J MR
1111 E. TENNESSEE ST.
TALLAHASSEE, FL 32308 US

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: DANIEL J. BUKER

03/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, LEWIS C DR
Address: 9550 REGENCY SQ BLVD #212
City-St-Zip: JACKSONVILLE, FL 322258165

Title: VPD () Delete
Name: BAUKNECHT, ALBERT J DR
Address: 1329 TIBER AVENUE
City-St-Zip: JACKSONVILLE, FL 322078950

Title: MD () Delete
Name: NORMAN, THOMAS
Address: 1111 E. TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 323086914

Title: TD () Delete
Name: WALTON III, JAMES F DR
Address: 1280 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 323121710

Title: SD () Delete
Name: NISSEN, LARRY W DR
Address: 280 N SYKES CREEK PARKWAY #C
City-St-Zip: MERRITT ISLAND, FL 329533427

Title: D () Delete
Name: BELL, HOWARD C DR
Address: 3927 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 322174636

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, LEWIS C DR
Address: 605 SR 13 N SUITE 105
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VPD (X) Change () Addition
Name: BAUKNECHT, ALBERT J DR
Address: 1329 TIBER AVENUE
City-St-Zip: JACKSONVILLE, FL 322078950 US

Title: MD (X) Change () Addition
Name: NORMAN, THOMAS MR
Address: 1111 E. TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 323086914 US

Title: TD (X) Change () Addition
Name: WALTON III, JAMES F DR
Address: 1280 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 323121710 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BELL, HOWARD C DR
Address: 3927 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 322174636 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NORMAN

MD

03/13/2005

Electronic Signature of Signing Officer or Director

Date