

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757781

Entity Name: THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.**Current Principal Place of Business:**449 CONGRESSIONAL COURT
AUGUSTA, GA 30907-7908**Current Mailing Address:**2728 STILL CREEK DRIVE
ZIONSVILLE, IN 46077 US**FEI Number: 91-1157301****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VINCI, RICHARD DR
144 BUCKSKIN WAY
WINTER SPRINGS, FL 32708 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	DIEFENDERFER, KIM E DR.
Address	2728 STILL CREEK DRIVE
City-State-Zip:	ZIONSVILLE IN 46077

Title	PRESIDENT
Name	MEHARRY, MICHAEL DR.
Address	10952 W YUKON DRIVE
City-State-Zip:	SUN CITY AZ 85373

Title	VP
Name	TYLER, MICHAEL W DR.
Address	109 BRIARWOOD LANE
City-State-Zip:	LYNCHBURG VA 24501

Title	D
Name	BRIDGEMAN, R CRAIG DR.
Address	2348 HIWAY 105 HERITAGE CT SUITE 1
City-State-Zip:	BOONE NC 28607

Title	D
Name	MITCHELL, JAN K DR.
Address	449 CONGRESSIONAL COURT
City-State-Zip:	AUGUSTA GA 30907

Title	S
Name	STROTHER, JAMES M DR.
Address	10787 VISTA VALLE
City-State-Zip:	SAN DIEGO CA 92131

I hereby 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 all other like empowered.

SIGNATURE: KIM E. DIEFENDERFER**TREASURER****01/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date