

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757781

**FILED**  
**Apr 23, 2017**  
**Secretary of State**  
**CC6923723331**

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

Title PRESIDENT  
Name JONES, DAVID W DR.  
Address 109 BELLECHASSE WAY  
City-State-Zip: JACKSONVILLE NC 28540

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 GORTHY, JEANETTE M DR.  
Address P.O. BOX 1276  
City-State-Zip: ANACORTES WA 98221

*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**

**04/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date