

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757781

**Entity Name:** THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.**Current Principal Place of Business:**8113 LIONS CREST WAY  
GAITHERSBURG, MD 20879**Current Mailing Address:**8113 LIONS CREST WAY  
GAITHERSBURG, MD 20879 US**FEI Number:** 91-1157301**Certificate of Status Desired:** Yes**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 EDR
Address	8113 LIONS CREST WAY
City-State-Zip:	GAITHERSBURG MD 20879

Title	VP
Name	KOLKER, JUSTINE LDR
Address	2048 ASHLYND DRIVE
City-State-Zip:	CORALVILLE IA 52248

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

Title	P
Name	ROGGENKAMP, CLYDE DR
Address	11339 CAMPUS ST
City-State-Zip:	LOMA LINDA CA 92354

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

Title	S
Name	JONES, DAVID WDR.
Address	503 CHADWICK SHORES DRIVE
City-State-Zip:	SNEADS FERRY NC 28460

*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****03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date