

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757781

FILED
Mar 17, 2015
Secretary of State
CC3971632859

Entity Name: THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

Current Principal Place of Business:

449 CONGRESSIONAL COURT
AUGUSTA, GA 30907-7908

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 E DR.
Address 8113 LIONS CREST WAY
City-State-Zip: GAITHERSBURG MD 20879

Title P
Name KOLKER, JUSTINE L DR.
Address 2048 ASHLYND DRIVE
City-State-Zip: CORALVILLE IA 52241

Title VP
Name JONES, DAVID W DR.
Address PSC 561
BOX 687
City-State-Zip: FPO AP WA 96310

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

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date