

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90234 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 705514**

1. Corporation Name  
**THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.**

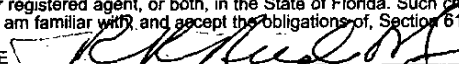
Principal Place of Business 2415 W. AZEELE ST TAMPA FL 33609 US	Mailing Address 2415 W. AZEELE ST TAMPA FL 33609 US
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2. Principal Place of Business 21 <b>Dr. R.R. Reed</b> Suite, Apt. #, etc. <b>2720 SE 17th St</b> City & State <b>Ocala FL</b> Zip <b>34471</b> Country <b>USA</b>	2a. Mailing Address 26 <b>Dr. R.R. Reed</b> Suite, Apt. #, etc. <b>2720 SE 17th St</b> City & State <b>Ocala FL</b> Zip <b>34471</b> Country <b>USA</b>	3. Date Incorporated or Qualified <b>04/23/1963</b>	4. FEI Number <b>59-1313117</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent <b>PATTERSON, JOEL T</b> <b>2415 W. AZEELE ST</b> <b>TAMPA FL 33609</b>	10. Name and Address of New Registered Agent 81 Name <b>Dr. R.R. Reed</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2720 SE 17th Street</b> 83 <b>6</b> 84 City <b>Ocala</b> <b>FL</b> 85 Zip Code <b>34471</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **R. R. REED, DDS, PRESIDENT** DATE **5-3-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOSQUERA, DR., ARTHURO F</b>		1.2 NAME <b>KOCHENOUR, DR WILLIAM L.</b>	
STREET ADDRESS <b>1245 GALLOWAY ROAD</b>		1.3 STREET ADDRESS <b>3005 ENTERPRISE RD, EAST</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>CLEARWATER, FL 33759</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REED, DR., R.R. (KIM)</b>		2.2 NAME	
STREET ADDRESS <b>2720 S.E. 17TH STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHAPMAN, STEVEN</b>		3.2 NAME	
STREET ADDRESS <b>108 NO PALM AVE.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALATKA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOLDIE, ROBERT S DR</b>		4.2 NAME	
STREET ADDRESS <b>7051 DR. PHILLIPS BLVD., SUITE 9</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32819</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARDEN, DAVID R DR</b>		5.2 NAME	
STREET ADDRESS <b>3540 S THIRD ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE BEACH FL 32250</b>		5.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEVENS, LUCAS E</b>		6.2 NAME	
STREET ADDRESS <b>1309 THOMASWOOD DRIVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED REED DDS, PRES 5-3-99 352 7325111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)