


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90035 034 ****61.25

DOCUMENT # 710683					
1. Entity Name THE ORANGE COUNTY DENTAL RESEARCH CLINIC, INC.					
Principal Place of Business 301 WEST AMELIA STREET ORLANDO, FL 32801			Mailing Address 301 WEST AMELIA STREET ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



03072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0980219

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, WILBUR MCL, JR. 610 NO MILLS AVE ORLANDO, FL 32803				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDY, C. BRUCE (DR)			NAME			
STREET ADDRESS	1216 EDGEWATER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZCZEDANT, EDWARD			NAME			
STREET ADDRESS	7758 WALLACE RD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 55			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	SAME - NEW ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKS, ROBERT R. (DR)			NAME	1142 E. STATE ROAD 434		
STREET ADDRESS	321 STATE ROAD 434			STREET ADDRESS	WINTER SPRING, FL 32708		
CITY-ST-ZIP	WINTER SPRINGS, FL			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRINGTON, NETA			NAME	PILAR GUIU		
STREET ADDRESS	301 W. AMELIA STREET			STREET ADDRESS	SAME ADDRESS		
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R. Burks 3/8/04 407-327-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #