FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711747** **(6)**

1. Corporation Name
CENTRAL DISTRICT DENTAL ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
800 N MILLS AVE ORLANDO FL 32803 US	800 N MILLS AVE ORLANDO FL 32803-047 US

3. Date Incorporated or Qualified: **11/03/1966**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6196823** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PODMORE, POLLY
800 N. MILLS AVE.
ORLANDO FL 32803-X022 4047

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN RICHARD S	1.2 NAME		
STREET ADDRESS	338-C N MAGNOLIA AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	PPD	2.1 TITLE		☐ Change ☐ Addition
NAME	KEENE DONALD M	2.2 NAME		
STREET ADDRESS	815 N NOVA ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PPD	☒ Change ☐ Addition
NAME	BUNN ELDON L	3.2 NAME		
STREET ADDRESS	8350 COUNY RD 44 LEG A	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP		
TITLE	PED	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	HERBECK GARY E	4.2 NAME		
STREET ADDRESS	1355 N COURTENAY PARKWAY STE B	4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	PED	☒ Change ☐ Addition
NAME	LOW SAMUEL B	5.2 NAME		
STREET ADDRESS	4646 N.W. 12TH PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSEVILLE FL	5.4 CITY-ST-ZIP		
TITLE	STD	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DIETRICH SUSAN L	6.2 NAME		
STREET ADDRESS	2801 SW COLLEGE RD #17	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN L. DIETRICH, DMD

0003480