


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711747 (6)**

1. Corporation Name

**CENTRAL DISTRICT DENTAL ASSOCIATION, INC.**



<b>Principal Place of Business</b>  800 N MILLS AVE ORLANDO FL 32803 US	<b>Mailing Address</b>  800 N MILLS AVE ORLANDO FL 32803-4022 US
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> 11/03/1966	<b>3a. Date of Last Report</b> 03/18/1996
<b>4. FEI Number</b> 59-6196823		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>  BROXTON, LINDA R 800 N MILLS AVE ORLANDO FL 32803				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	President-Elect
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	VPD	2.1 TITLE	Vice President
NAME	HAMMOND, ROBERT	2.2 NAME	
STREET ADDRESS	624 S RIDGEWOOD AVE STE B	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PPD	3.1 TITLE	Treasurer
NAME	BUNN ELDON L	3.2 NAME	Johnson, Lucien
STREET ADDRESS	8350 COUNY RD 44 LEG A	3.3 STREET ADDRESS	6161 Winegard
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Orlando, Florida 32809
TITLE	PPD	4.1 TITLE	
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	PD	5.1 TITLE	
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	VPD	6.1 TITLE	
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 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 \_\_\_\_\_ Treasurer 4/22/97 407-898-3491

CR2E037 (9/96)