

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 JUL 11 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 718462 (5)

1. Corporation Name

DENTAL SOCIETY OF GREATER ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
800 N. MILLS AVENUE ORLANDO FL 32803-1022	800 N. MILLS AVENUE ORLANDO FL 32803-1022

3. Date Incorporated or Qualified	3a. Date of Last Report
05/06/1970	04/13/1994
4. FEI Number	Applied For
23-7098111	Not Applicable

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

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURTON, LINDA R  
800 N. MILLS AVENUE  
ORLANDO FL 32803-1022

10. Name and Address of New Registered Agent

81 Name	Broxton, Linda R
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 Linda R. Broxton *Linda R. Broxton* DATE 4/24/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWKINS, ROBERT B. D
STREET ADDRESS	145 WEKIVA SPG. RD.
CITY-ST-ZIP	LONGWOOD FL
TITLE	P
NAME	ROGERS, RAY J
STREET ADDRESS	300 GATLIN AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	S
NAME	LANGAN, MICHAEL D
STREET ADDRESS	610 N. MILLS AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	P
NAME	CHACE, RICK D
STREET ADDRESS	801 W. MORSE BLVD.
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD
NAME	JOHNSON, LUCIEN S D.M.D.
STREET ADDRESS	6161 WINEGARD
CITY-ST-ZIP	ORLANDO FL
TITLE	Director
NAME	Kahn, Bernard
STREET ADDRESS	926 N. Maitland Ave. Maitland, FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	400001536164
1.2 NAME	-07/12/95--01077--028
1.3 STREET ADDRESS	***138.75 ***138.75
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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, with an initial report with an address.

SIGNATURE Robert B. Hawkins, DMD *Robert B. Hawkins* DATE 4/24/95 407/894-9798

955 REMITTED BY MAY 1  
7/11/95