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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.



Principal Place of Business Mailing Address
800 N. MILLS AVENUE ORLANDO FL 32803-1022 **800 N. MILLS AVENUE ORLANDO FL 32803-4022**

3. Date Incorporated or Qualified **05/06/1970** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		23-7098111		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROXTON, LINDA R 800 N. MILLS AVENUE ORLANDO FL 32803-1022				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, ROBERT B	1.2 NAME	Lane, Tim
STREET ADDRESS	145 WEKIVA SPG. RD.	1.3 STREET ADDRESS	609 Maitland Avenue
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Altamonte Springs, Florida 32701
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, BERNARD	2.2 NAME	
STREET ADDRESS	926 N MAITLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	PE <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGAN, MICHAEL D	3.2 NAME	
STREET ADDRESS	610 N. MILLS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHACE, RICK D	4.2 NAME	
STREET ADDRESS	801 W. MORSE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LUCIEN S D.M.D.	5.2 NAME	
STREET ADDRESS	6161 WINEGARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, HAROLD DMD	6.2 NAME	
STREET ADDRESS	331 MAITLAND AVENUE #A-4	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	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.

CR2E037 (9/96)