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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718462 (5)
 1. Corporation Name
DENTAL SOCIETY OF GREATER ORLANDO, INC.



Principal Place of Business 800 N. MILLS AVENUE ORLANDO FL 32803-1022	Mailing Address 800 N. MILLS AVENUE ORLANDO FL 32803-1022
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3. Date Incorporated or Qualified 05/06/1970	
4. FEI Number 23-7098111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE	S	<input type="checkbox"/> DELETE
NAME	LANE, TIM	
STREET ADDRESS	809 MAITLAND AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAHN, BERNARD	
STREET ADDRESS	926 N MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LANGAN, MICHAEL D	
STREET ADDRESS	610 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	CHACE, RICK D	
STREET ADDRESS	801 W. MORSE BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	JOHNSON, LUCIEN S D.M.D.	
STREET ADDRESS	6161 WINEGARD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTHUR, HAROLD DMD	
STREET ADDRESS	331 MAITLAND AVENUE #A-4	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PRICE, ALAN	
4.3 STREET ADDRESS	199 E. WELBOURNE AVENUE	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE	P	<input checked="" 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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Bernard A Kahan DMS Date: 4/6/98 Daytime Phone # 407-894-9798

CR2E037 (10/97)