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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731647

1. Corporation Name

BROWARD DENTAL RESEARCH CLINIC, INC.

Principal Place of Business
 3501 S.W. DAVIE RD. BLDG 08
 FT. LAUDERDALE FL 33314

Mailing Address
 3501 S.W. DAVIE RD. BLDG 08
 FT. LAUDERDALE FL 33314



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/10/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1591629	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

COBB, WILLIAM
540 E MCNAB ROAD
POMPAHO BCH FL 33060

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D JACKSON, DAVID	1.1 TITLE	
NAME	1500 E. BROWARD BLVD.	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KUSNICK, STEVEN	2.1 TITLE	P/D
NAME	3531 N. PINE ISLAND RD.	2.2 NAME	
STREET ADDRESS	SUNRISE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SHERMAN, RICHARD	3.1 TITLE	V/D
NAME	2249 N. UNIVERSITY DR.	3.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD KUPFER, GLENN	4.1 TITLE	S/D
NAME	8214 WILES RD	4.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD BERRY, BRYAN	5.1 TITLE	D
NAME	800 E. BROWARD BLVD., #410	5.2 NAME	Bodnar, Gabor
STREET ADDRESS	FT. LAUDERDALE FL	5.3 STREET ADDRESS	4640 N. Federal Hwy., #E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D MULKAY, ESTEBAN	6.1 TITLE	T/D
NAME	2400 N. UNIVERSITY DR., #215	6.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

Signature: Steven Kusnick, D.D.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 954-475-6779

Date

Daytime Phone #

CR2E037 (11/98)