FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:54

DOCUMENT # **747424** **(0)**

1. Corporation Name

THE FLORIDA ACADEMY OF DENTAL PRACTICE ADMINISTRATION INC.

Principal Place of Business	Mailing Address
P.O. BOX 14345 JACKSONVILLE FL 32238-1345	P.O. BOX 14345 JACKSONVILLE FL 32238-1345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1979
3a. Date of Last Report: 11/07/1994
4. FEI Number: 59-1962328 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROSE, EDWARD L DMD
979 FLAMEVINE LANE
VERO BEACH FL 32960

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	BAXTER, JON M.	12 NAME	NALLS, MALCOLM P.
STREET ADDRESS	7328 UNIVERSITY AVE.	13 STREET ADDRESS	3220 S. Tamiam Tr.
CITY-ST-ZIP	GAINESVILLE FL 32607	14 CITY-ST-ZIP	Sarasota. FL 34239
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MCKENZIE, OLIN III	22 NAME	ALBERT J. BAUKNECHT
STREET ADDRESS	7600 RED ROAD #116	23 STREET ADDRESS	3434 Atlantic Blvd.
CITY-ST-ZIP	MIAMI FL 33143	24 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	NALLS, MALCOLM P	32 NAME	ROGER H. SCHLAPKOHL
STREET ADDRESS	3220 S. TAMIAMI TRAIL	33 STREET ADDRESS	N.E. 36th St., Ste203
CITY-ST-ZIP	SARASOTA FL 34239	34 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	BAUKNECHT, A.J.	42 NAME	JAMES F. WALTON
STREET ADDRESS	3434 ATLANTIC BLVD	43 STREET ADDRESS	1280 Timberlane Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32207	44 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY WIRE

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 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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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