2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# 753257

Entity Name: FLORIDA DENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1113 EAST TENNESSEE STREET
SUITE 300
TALLAHASSEE, FL 323186914 US

New Principal Place of Business:

Current Mailing Address:

C/O DANIEL J. BUKER
1111 E. TENNESSEE ST.,
TALLAHASSEE, FL 323186914 US

New Mailing Address:

FEI Number: 59-2019148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUKER, DANIEL J. MR.
1111 E. TENNESSEE ST.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DIAZ, JOSEPH F	
Address:	705 W. DEL WEBB BLVD. STE B	
City-St-Zip:	SUNCITY CENTER, FL 335735258	
Title:	VPD	( ) Delete
Name:	WALKER, LEWIS C	
Address:	9550 REGENCY SQUARE BLVD #212	
City-St-Zip:	JACKSONVILLE, FL 322258165	
Title:	MD	( ) Delete
Name:	BUKER, DANIEL J	
Address:	1111 E. TENNESSEE STREET	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TD	( ) Delete
Name:	WALTON, JAMES F III	
Address:	1280 TIMBERLANE RD	
City-St-Zip:	TALLAHASSEE, FL 323121710	
Title:	SD	( ) Delete
Name:	LASTRA, IDALIA	
Address:	2498 SW THIRD AVE	
City-St-Zip:	MIAMI, FL 331292031	
Title:	VPD	( ) Delete
Name:	BUCKENHEIMER, TERRY L	
Address:	3906 W. NEPTURE ST.	
City-St-Zip:	TAMPA, FL 336295829	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUKER, DANIEL J. MD 04/23/2003

Electronic Signature of Signing Officer or Director — Date