

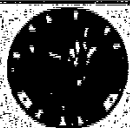
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 18 PM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F92000001000 (0)

**1. Corporation Name
NATIONAL SOCIETY FOR DENTISTRY, INC.**

Principal Place of Business Mailing Address
1819 CLARKSON RD. 1819 CLARKSON RD.
STE. 301 STE. 301
CHESTERFIELD MO 63017 CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1992 **3e. Date of Last Report** 04/29/1994
4. FEI Number 43-1609037 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$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 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **25** Country **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301**

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, EDWIN P	1.2 NAME	
STREET ADDRESS	77 CEDAR PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSELL, REYNOLD DR.	2.2 NAME	
STREET ADDRESS	112 ROGER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NY 07090	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFT, NATHANIEL B	3.2 NAME	
STREET ADDRESS	18 SPARROW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMSEN, PETER	4.2 NAME	
STREET ADDRESS	213 WEST SHIRLEY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08820	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, THEODORE A	5.2 NAME	
STREET ADDRESS	6 DELMAR TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG VALLEY NJ 07853	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHNSEN, RAYMOND	6.2 NAME	
STREET ADDRESS	31 CRESENT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHIPPANY NJ 07961	6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on technical grounds with an address.

SIGNATURE: *Raymond Bahnsen* **RAYMOND BAHNSEN** 4/4/95 908-562-2420
Date: 4/4/95