



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000009709</b> 1. Entity Name <b>FLORIDA ALLIED DENTAL EDUCATORS, INC.</b>					
Principal Place of Business      Mailing Address <b>ROBERT MORGAN EDUCATIONAL-DENTAL DEPT</b> <b>ROBERT MORGAN EDUCATIONAL-DENTAL DEPT</b> <b>18180 SW 122 AVE</b> <b>18180 SW 122 AVE</b> <b>MIAMI FL 33177</b> <b>MIAMI FL 33177</b>					
2. Principal Place of Business		3. Mailing Address		1st MOORE      CR2E037 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>20-1757733</b> Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip      Country		Zip      Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PREBLE, DAVID M DDS JD</b> <b>ROBERT MORGAN EDUCATIONAL-DENTAL DEPT</b> <b>18180 SW 122 AVE</b> <b>MIAMI FL 33177</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PREBLE, DAVID M DDS JD		NAME	<b>U00000439756</b> <b>03/02/06-80013-021 61.25</b>	
STREET ADDRESS	18180 SW 122 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WOODS, KATHERINE RDH		NAME		
STREET ADDRESS	7200 66TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33781		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KAHLER, HOLLY CDA		NAME		
STREET ADDRESS	357 WEST EXETER STREET		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	RIDILLA, PAMELA RDH		NAME		
STREET ADDRESS	1155 COUNTY ROAD 4139		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HARRISON, GARI-JO		NAME		
STREET ADDRESS	6055 SEMINOLE GARDENS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

*Richard Morgan*      *Richard Morgan*      2/16/06      116128