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 MAR -8 PM 3:15

DOCUMENT # N41215 (7)

1. Corporation Name

AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O GERALDINE M. FERRIS 475 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701	C/O GERALDINE M. FERRIS 475 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1990
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3046056 ☐ 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

FERRIS, GERALDINE M.
475 MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701

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 X Geraldine Ferris 2/28/95
Signature of or printed name of registered agent (if applicable) NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	FERRIS, GERALDINE M.	1.2 NAME		
STREET ADDRESS	475 MAITLAND AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAB, KHALID	2.2 NAME		
STREET ADDRESS	3013 CULLEN LAKES SHS DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	GLUECK, GHISLAINE	3.2 NAME		
STREET ADDRESS	1129 WOODMERE AVE.	3.3 STREET ADDRESS	5349 Lake Sessamine	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HILAL, TALAL E.	4.2 NAME		
STREET ADDRESS	600 S. ORLANDO AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	FRANCOIS, KEITH	5.2 NAME		
STREET ADDRESS	LOUIS ST. UNIV.1100 FLA AVENUE P.O. BX 220	5.3 STREET ADDRESS	5218 Jammes Rd., Ste. 2	
CITY-ST-ZIP	NEW ORLENS LA	5.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SHUREIH, SAMIR	6.2 NAME		
STREET ADDRESS	10 EAST 31ST ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD	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 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: X Geraldine Ferris 2/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone #

0030510