

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N41215 (7)**

1. Corporation Name

**AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.**

Principal Place of Business

**C/O GERALDINE M. FERRIS  
475 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**C/O GERALDINE M. FERRIS  
475 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701**



3. Date Incorporated or Qualified  
**12/10/1990**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/26/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**DIAB, KHALID  
3013 CULLEN LAKES SHS DR  
ORLANDO FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**GLUECK, GHISLAINE  
5349 LAKE JESSAMINE  
ORLANDO FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**HILAL, TALAL E.  
600 S. ORLANDO AVE.  
MAITLAND FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**FRANCOIS, KEITH  
5218 JAMMES RD, STE 2  
JACKSONVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**SHUREIH, SAMIR  
10 EAST 31ST ST.  
BALTIMORE MD**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3 2 6 . 9 6**

DATE

Daytime Phone #

CR2E037 (12/95)