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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

12/10/1990

4. FEI Number

59-3046056

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, 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	D	☐ DELETE
NAME	FERRIS, GERALDINE M.	
STREET ADDRESS	475 MAITLAND AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	☐ DELETE
NAME	DIAB, KHALID	
STREET ADDRESS	3013 CULLEN LAKES SHS DR	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	☐ DELETE
NAME	GLUECK, GHISLAINE	
STREET ADDRESS	5349 LAKE JESSAMINE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	☐ DELETE
NAME	HILAL, TALAL E.	
STREET ADDRESS	600 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL	

TITLE	D	☐ DELETE
NAME	FRANCOIS, KEITH	
STREET ADDRESS	5218 JAMMES RD, STE 2	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	☐ DELETE
NAME	SHUREIH, SAMIR	
STREET ADDRESS	10 EAST 31ST ST.	
CITY-ST-ZIP	BALTIMORE MD	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: **SIGNATURE REQUIRED**

1-12-98

CR2E037 (10/97)