FILE NOW: FILING FEE IS $61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90093 006 ****61.25

0012519

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41215

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

2. Principal Place of Business	2a. Mailing Address
21 C/O Geraldine M. Ferris	26 c/o Geraldine M. Ferris
Suite, Apt. #, etc. 22 2118 LAKE DRIVE	Suite, Apt. #, etc. 27 2118 LAKE DRIVE
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32789 Country 25 USA	Zip 29 32789 Country 30 USA

3. Date Incorporated or Qualifed: 12/10/1990

4. FEI Number: 59-3046056 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: FERRIS, GERALDINE M.
82 Street Address (P.O. Box Number is Not Acceptable): 2118 LAKE DRIVE
83
84 City: WINTER PARK FL 85 Zip Code: 32789

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: Geraldine M Ferris 02-25-99
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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FERRIS, GERALDINE M.		1.2 NAME	FERRIS, GERALDINE M.	
STREET ADDRESS	475 MAITLAND AVE.		1.3 STREET ADDRESS	2118 LAKE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☐ DELETE	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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GLUECK, GHISLAINE		3.2 NAME		
STREET ADDRESS	5349 LAKE JESSAMINE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRANCOIS, KEITH		5.2 NAME		
STREET ADDRESS	5218 JAMMES RD, STE 2		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Geraldine M Ferris 02-25-1999 (407)695-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #