

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90150 037 ****61.25

DOCUMENT # N41215

1. Entity Name

AMERICAN MEDICAL/DENTAL CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O GERALDINE M. FERRIS
 2118 LAKE DR
 WINTERPARK FL 32789

C/O GERALDINE M. FERRIS
 2118 LAKE DR
 WINTERPARK FL 32789-2840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3046056

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRIS, GERALDINE M.
2118 LAKE DRIVE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/12/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FERRIS, GERALDINE M.	2118 LAKE DR	WINTER PARK FL				
D	DIAB, KHALID	3013 CULLEN LAKES SHS DR	ORLANDO FL				
D	GLUECK, GHISLAINE	5349 LAKE JESSAMINE	ORLANDO FL				
D	HILAL, TALAL E.	600 S. ORLANDO AVE.	MAITLAND FL				
D	FRANCOIS, KEITH	5218 JAMMES RD, STE 2	JACKSONVILLE FL				
D	SHUREIH, SAMIR	10 EAST 31ST ST.	BALTIMORE MD				

12. 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 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.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

(407) 695-2600

Daytime Phone #

CR2E037 (9/99)