FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~ 15500

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN -8 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30326 (3)

1. Corporation Name
NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.

Principal Place of Business	Mailing Address
210 UNIVERSITY DR. SUITE 900 CORAL SPRINGS FL 33071	210 UNIVERSITY DR. SUITE 900 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 52-1462212 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) (29) Country (25) (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UDINE, MOREY ~~210 UNIVERSITY DRIVE~~ SUITE 802 CORAL SPRINGS FL 33071	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 6208 W. COMMERCIAL BLVD 03 04 City FT LAUDERDALE FL 05 Zip Code 333 19

*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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	POLLACK, BURTON R.	12 NAME	
STREET ADDRESS	8 HERITAGE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	SETAUKET NY	14 CITY-ST-ZIP	500001513635
TITLE	STD	21 TITLE	-06/15/95--01035-013 ☐ Addition
NAME	SOLOMON, ALBERT	22 NAME	****130.00 ****130.00
STREET ADDRESS	210 UNIVERSITY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CALISTI, LOUIS J.P.	32 NAME	
STREET ADDRESS	30 ORCHARD CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD ME	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHAKUN, MORTIMER	42 NAME	
STREET ADDRESS	3 BROKEN CT.	43 STREET ADDRESS	
CITY-ST-ZIP	E. SETAUKET NY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SUTTER, KENNETH	52 NAME	
STREET ADDRESS	210 UNIVERSITY DR.	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	THIS IS A NON-PROFIT ORGANIZATION ☐ Change ☐ Addition
NAME		62 NAME	EXEMPT 501(c)6.
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

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

SIGNATURE: Albert S. Solomon Secy/Treas 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

0114264 CP