

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 #  
1. Corporation Name

P30326

NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.

Principal Place of Business

210 UNIVERSITY DR.  
SUITE 900  
CORAL SPRINGS, FL. 33071

Mailing Address

210 UNIVERSITY DR.  
SUITE 900  
CORAL SPRINGS, FL. 33071

3. Date Incorporated or Qualified  
7/10/1990

3a. Date of Last Report  
06/08/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number  
52-1462212

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

UDINE, MOREY  
6208 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL. 33319

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME POLLACK, BURTON R.  
STREET ADDRESS 8 HERITAGE LANE  
CITY-STATE-ZIP SETAUKET, N.Y.

TITLE STD  
NAME SOLOMON, ALBERT S.  
STREET ADDRESS 210 UNIVERSITY DR.  
CITY-STATE-ZIP CORAL SPRINGS, FL.

TITLE D  
NAME CALISTI, LOUIS J.P.  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D  
NAME SHAKUN, MORTIMER  
STREET ADDRESS  
CITY-STATE-ZIP E. SETAUKET, N.Y.

TITLE D  
NAME SUTTER, KENNETH  
STREET ADDRESS 210 UNIVERSITY DR.  
CITY-STATE-ZIP CORAL SPRINGS, FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D  
12 NAME CYNTHIA Z ZIMMERMAN  
13 STREET ADDRESS 210 UNIVERSITY DR  
14 CITY-STATE-ZIP CORAL SPRINGS, FL.

21 TITLE D  
22 NAME VIRGINIA E. VERDUIN  
23 STREET ADDRESS 210 UNIVERSITY DR.  
24 CITY-STATE-ZIP CORAL SPRINGS, FL.

31 TITLE  
32 NAME  
33 STREET ADDRESS 82 RUSSELL ROAD  
34 CITY-STATE-ZIP FRAMINGHAM, MA

41 TITLE  
42 NAME  
43 STREET ADDRESS 3 BRACKEN COURT  
44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

600001796866

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Daytime Phone #

CR2E037 (12/95)