

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30326 (3)

1. Corporation Name
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 33071-7393
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1990	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1462212	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UDINE, MOREY 6208 W.COMMERCIAL BLVD FT.LAUDERDALE FL 33319		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLACK, BURTON R.	1.2 NAME	
STREET ADDRESS	8 HERITAGE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SETAUKET NY	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, ALBERT	2.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISTI, LOUIS J.P.	3.2 NAME	
STREET ADDRESS	82 RUSSELL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FRAMINGHAM MA	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAKUN, MORTIMER	4.2 NAME	D VIRGINIA E VERDUIN
STREET ADDRESS	3 BRACKEN COURT	4.3 STREET ADDRESS	210 UNIVERSITY DRIVE
CITY - ST - ZIP	E. SETAUKET NY	4.4 CITY - ST - ZIP	CORAL SPRINGS, FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTER, KENNETH	5.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, CYNTHIA Z	6.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	6.4 CITY - ST - ZIP	

14. I do 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:  **ALBERT S. SOLOMON** 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028053

CR2E037 (9/96)