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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 07/10/1990	4. FEI Number 52-1462212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent UDINE, MOREY 6208 W.COMMERCIAL BLVD FT.LAUDERDALE FL 33319	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	POLLACK, BURTON R.
8 HERITAGE LANE	82 RUSSELL ROAD
SETAUKET NY	FRAMINGHAM MA
STD	SOLOMON, ALBERT
210 UNIVERSITY DR.	210 UNIVERSITY DRIVE
CORAL SPRINGS FL	CORAL SPRINGS FL
D	CALISTI, LOUIS J.P.
82 RUSSELL ROAD	210 UNIVERSITY DR.
FRAMINGHAM MA	CORAL SPRINGS FL
D	VIRGINIA E VERDUIN
210 UNIVERSITY DRIVE	210 UNIVERSITY DRIVE
CORAL SPRINGS FL	CORAL SPRINGS FL
D	SUTTER, KENNETH
210 UNIVERSITY DR.	210 UNIVERSITY DR.
CORAL SPRINGS FL	CORAL SPRINGS FL
D	ZIMMERMAN, CYNTHIA Z
210 UNIVERSITY DR	210 UNIVERSITY DR
CORAL SPRINGS FL	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE:  ALBERT S. SOLOMON MARCH 9, 1998 (954) 752-1222

CR2E037 (10/97)