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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000016789 (7)

1. Corporation Name
ORANGE DENTAL ASSOCIATES, INC.

Principal Place of Business
12329 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address
12329 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837-6506



3. Date Incorporated or Qualified 02/28/1994
3a. Date of Last Report 03/13/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3230697		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

MARC P. OSSINSKY P.A.
210 NORTH WYMORE RD.
WINTER PARK FL 32789

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 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PANDO, LSON HOWARD	1.2 NAME	Delete "LSON" - his name is HOWARD PANDO Title - D, VP
STREET ADDRESS	2471 OAK DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	YOCUM, JOHN C JR.	2.2 NAME	
STREET ADDRESS	1471 REGAL COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMEE FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	STOKES, E DAVID	3.2 NAME	Delete P
STREET ADDRESS	4638 WOODLANDS VILLAGE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VOLTAREL, MARK	4.2 NAME	
STREET ADDRESS	1022 GROVE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MATLAND FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	EBNER, STEPHEN M	5.2 NAME	Delete v, D Add Pres.
STREET ADDRESS	1011 FLECK DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Michaelson, GARY H.	6.2 NAME	
STREET ADDRESS	11907 E. Colonial Dr.	6.3 STREET ADDRESS	
CITY - ST - ZIP	Orlando FL 32826	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Yocum Jr.* John C. Yocum Jr. Secretary 1/2/97 407/858-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)