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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

59-3230697

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

FL

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

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 DVP
NAME PANDO, HOWARD
STREET ADDRESS 2471 OAK DR
CITY- ST- ZIP LONGWOOD FL

TITLE SD
NAME YOCUM, JOHN C JR.
STREET ADDRESS 1471 REGAL COURT
CITY- ST- ZIP KISSIMMEE FL

TITLE D
NAME STOKES, E DAVID
STREET ADDRESS 4638 WOODLANDS VILLAGE DR
CITY- ST- ZIP ORLANDO FL

TITLE TD
NAME VOLTAREL, MARK
STREET ADDRESS 1022 GROVE ST
CITY- ST- ZIP MATILAND FL

TITLE D
NAME EBNER, STEPHEN M
STREET ADDRESS 1011 FLECK DR
CITY- ST- ZIP ORLANDO

TITLE D
NAME MICHAELSON, GARY H.
STREET ADDRESS 11907 E. COLONIAL DR.
CITY- ST- ZIP ORLANDO 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 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) 3/16/98 407/856-2555

CR2E034 (10/97)