FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:48

DOCUMENT # 702520 (8)

1. Corporation Name
EAST COAST DISTRICT DENTAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
420 S. DIXIE HIGHWAY CORAL GABLES FL 33146	420 S. DIXIE HIGHWAY CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 06/05/1961
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-0806565 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMS, BARBARA S.
420 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	P	☑ Change ☐ Addition
NAME	SANCHEZ, RAMON A	1.2 NAME		
STREET ADDRESS	1300 CAROL WAY 203	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	Tr	☐ Change ☑ Addition
NAME	SATZ, HARVEY S.	2.2 NAME	Rosenberg, Michael N.	
STREET ADDRESS	8780 SW 92ND STREET	2.3 STREET ADDRESS	8740 N Kendall Drive	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	S	3.1 TITLE	V	☑ Change ☐ Addition
NAME	SHERMAN, RICHARD L	3.2 NAME		
STREET ADDRESS	2249 N. UNIVERSITY DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	MOSQUERA, ARTHURO F.	4.2 NAME		
STREET ADDRESS	1245 SW 87TH AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	MARIANI, RICHARD C DDS	5.2 NAME	Stephen F. Chase	
STREET ADDRESS	6280 SUNSET DRIVE	5.3 STREET ADDRESS	7600 Red Road	
CITY-ST-ZIP	SOUTH MIAMI FL	5.4 CITY-ST-ZIP	South Miami, FL 33143	
TITLE	VD	6.1 TITLE		☑ Change ☐ Addition
NAME	DORN, SAMUEL O.	6.2 NAME		
STREET ADDRESS	2213 N. UNIVERSITY DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: [signature] 4/5/95 305-667-3647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEPHEN F. CHASE JR.

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