

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 702520 (8)**

1. Corporation Name

**EAST COAST DISTRICT DENTAL SOCIETY, INC.**

Principal Place of Business

**420 S. DIXIE HIGHWAY  
CORAL GABLES FL 33146**

Mailing Address

**420 S. DIXIE HIGHWAY  
CORAL GABLES FL 33146**



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

3. Date Incorporated or Qualified

**06/05/1961**

3a. Date of Last Report

**04/11/1995**

4. FEI Number

**59-0806565**

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 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 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

TITLE **P** ☐ DELETE

NAME **SANCHEZ, RAMON A**  
STREET ADDRESS **1300 CAROL WAY 203**  
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ DELETE

NAME **SATZ, HARVEY S.**  
STREET ADDRESS **8780 SW 92ND STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE

NAME **SHERMAN, RICHARD L**  
STREET ADDRESS **2249 N. UNIVERSITY DRIVE**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VD** ☒ DELETE

NAME **MOSQUERA, ARTHURO F.**  
STREET ADDRESS **1245 SW 87TH AVE.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE

NAME **MARIANI, RICHARD C DDS**  
STREET ADDRESS **6280 SUNSET DRIVE**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE **S** ☐ DELETE

NAME **DORN, SAMUEL O.**  
STREET ADDRESS **2213 N. UNIVERSITY DR.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V/D**  
2.3 STREET ADDRESS **Garcia, D. Georgina**  
2.4 CITY-ST-ZIP **407 Lincoln Road#8A**  
**Miami Beach, FL 33139**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **V/D**  
4.3 STREET ADDRESS **Roy L. Greenberg**  
4.4 CITY-ST-ZIP **11030 N Kendall Dr #202**  
**Miami, FL 33176**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T/D**  
**Friedel, Alan E.**  
**660 E Hallandale Bch Blvd**  
**Hallandale, FL 33009**

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)(k), 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:

*Ramon A. Sanchez DDS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/96**

**667-3647**

Day

Daytime Phone

CR2E037 (12/95)