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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
02-12-2001 90229 013 ****61.25

DOCUMENT # 702520

1. Entity Name

EAST COAST DISTRICT DENTAL SOCIETY, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0806565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, D.G. 420 S DIXIE HIGHWAY STE 2E CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEVENTHAL, RONALD 315 ALHAMBRA CIR MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CESAR R. SABATES 747 PONCE DE LEON BLVD #609 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, D G 407 LINCOLN RD 8A MIAMI BCH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN A. JOFFRE 7800 RED ROAD #214 MIAMI, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUTSON, RICHARD 20480 W. DIXIE HWY N. MIAMI BCH FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALAN FREIDEL 660 E. HALLANDALE BLVD HALLANDALE, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEVENTHAL, RONALD E 315 ALHAMBRA CIR CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD A. MUFSON 20480 W. DIXIE HWY N. MIAMI BEACH, 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SABATES, CESAR R 747 PONCE DE LEON BLVD #609 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANITA PANDEY 8940 N. KENDALL DR. #1005E MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, FIRPO H 13020 SW 88TH TERR MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/07/01
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #