

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90210 047 ****61.25

DOCUMENT # 702520 1. Entity Name EAST COAST DISTRICT DENTAL SOCIETY, INC.					
Principal Place of Business 420 S. DIXIE HIGHWAY SUITE 2-E CORAL GABLES, FL 33146			Mailing Address 420 S. DIXIE HIGHWAY SUITE 2-E CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MARRERO, YOLANDA 420 S DIXIE HIGHWAY STE 2E CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYNE, JERRY M DDS 1540 VENERA AVE MIAMI, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGGNATZ, MICHAEL DDS 17190 ARVIDA PKWY STE 4 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGGNATZ, MICHAEL D DDS 17190 ARVIDA PKWY STE 4 WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, JOSEPH DDS 18063 NW 27th AVE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELLADO, JOSE R DMD 299 ALHAMBRA CIRCLE #202 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DR. ORLANDO DOMINGEZ 9280 SW 15th AVE STE 104 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, JOSEPH S DDS 18063 NW 27TH AVE OPA LOCKA, FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DR. JEANNETTE PENA-HALL 5990 BIRD ROAD MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABATES, CESAR R DDS 747 PONCE DE LEON BLVD #609 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					