

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702520

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** EAST COAST DISTRICT DENTAL SOCIETY, INC.

**Current Principal Place of Business:**

420 S. DIXIE HIGHWAY  
SUITE 2-E  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

420 S. DIXIE HIGHWAY  
SUITE 2-E  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 59-0806565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARRERO, YOLANDA  
420 S DIXIE HIGHWAY  
STE 2E  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DOMINGUEZ, ORLANDO DDS  
Address: 9280 S.W. 150 AVE, STE 104  
City-St-Zip: MIAMI, FL 33196

Title: VD  
Name: MARRON, IRENE DMD  
Address: 801 BRICKELL KEY BLVD, #7  
City-St-Zip: MIAMI, FL 33131

Title: SD  
Name: TERRY, BEATRIZ DMD  
Address: 8720 N. KENDAL DRIVE SUITE 103  
City-St-Zip: MIAMI, FL 33176

Title: TD  
Name: PENNA-HALL, JEANNETTE  
Address: 5990 BIRD ROAD  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YOLANDA MARRERO

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date