

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702520

FILED
Jan 03, 2012
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: TERRY, BEATRIZ DDS
Address: 8720 NORTH KENDALL DRIVE, SUITE 103
City-St-Zip: MIAMI, FL 33176 22

Title: VP
Name: PEÑA HALL, JEANNETTE DMD
Address: 5990 BIRD ROAD
City-St-Zip: MIAMI, FL 33155 52

Title: SEC
Name: DIAZ, MARCOS DDS
Address: 2239 N. COMMERCE PKWY, SUITE 2
City-St-Zip: WESTON, FL 33326 32

Title: TD
Name: ROMANO, RODRIGO DDS
Address: 7701 SW 62 AVENUE, UNIT A-1
City-St-Zip: SOUTH MIAMI, FL 33143 49

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

ED

01/03/2012

Electronic Signature of Signing Officer or Director

Date