

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED

05-21-2002 91117 02/ *****61.25

09-16-2002 90109 007 *****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725163

1. Entity Name

ATLANTIC COAST DISTRICT DENTAL SOCIETY INC

Principal Place of Business

Mailing Address

5700 LAKE WORTH RD., SUITE 206
206-3
LAKE WORTH FL 33463

5700 LAKE WORTH RD #206-3
206-3
LAKE WORTH FL 33463
US

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

23-7424048

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

BELL, MARJORIE

5700 LAKE WORTH ROAD, ~~206-3~~ 206-3
LAKE WORTH FL 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marjorie K Bell

9/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 | <input type="checkbox"/> Delete |
|--------|---------------------|---------------------------|--------------------------|-------------------------------------|
| VP | MCNEILL, SAM J DD. | 1970 RICHARD LANE | WEST PALM BEACH FL 33411 | <input type="checkbox"/> |
| VP | GUTIERREZ, PETER | 373 FELLSMERE RD. | SEBASTIAN FL | <input checked="" type="checkbox"/> |
| TD | HOFFMAN, CHARLES | 525 NORTHLAKE BLVD | N. PALM BEACH FL 33408 | <input type="checkbox"/> |
| VP | D'FLANAGAN, MAUREEN | 1844 W HILLSBORO BLVD | DEERFIELD BEACH FL 33442 | <input type="checkbox"/> |
| PD | MILLER, ROBT | 18244 MILITARY TRL., #260 | DELRAY BEACH FL | <input checked="" type="checkbox"/> |
| SD | GUTIERREZ, PETER | 373 FELLSMERE RD | SEBASTIAN FL 32958 | <input checked="" type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|---------------------|-----------------------------------|---------------------------|-------------------------------------|-------------------------------------|
| VP | Howell Goldberg | 815 S University Dr | Weston, FL 33334 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| President | O'Flanagan, Maureen | 201 SE 15 Terr #15 | Deerfield Beach, FL 33441 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sec-D | Higham, Debra | 2100 Jupiter Lakes Blvd #5000-204 | Jupiter, FL 33458 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP/D | Hoot, Richard | 5070 Highway 111A Ste E | Vero Beach, FL 32963-1229 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

CR2E037 (4/02)

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:

Maureen O'Flanagan

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

9/11/02 (561) 968-7714

Date

Daytime Phone #