

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725163

FILED
Mar 24, 2011
Secretary of State

Entity Name: ATLANTIC COAST DISTRICT DENTAL SOCIETY INC

Current Principal Place of Business:

5700 LAKE WORTH RD.
207C
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5700 LAKE WORTH RD.
207C
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 23-7424048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DVORAK, MICHAEL E.D.
5700 LAKE WORTH ROAD
207C
LAKE WORTH, FL 33463 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: P
Name: COHEN, LEE
Address: 4520 DONALD ROSS RD., STE 110
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: PE
Name: MC DONALD, BRUCE
Address: 880 37TH PLACE
City-St-Zip: VERO BEACH, FL 32963 US

Title: TR
Name: PANSICK, ETHAN DR.
Address: 14000 MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: 1VP
Name: ADELSON, ANDY DR.
Address: 1309 FLAGLER DR., STE 4
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: 2VP
Name: PATTEN, MICHAEL DR.
Address: 300 NW 70TH AVE.
City-St-Zip: PLANTATION, FL 33317 US

Title: SEC
Name: GLERUM, KAREN DR
Address: 5569 MARSEILLES PT. LANE
City-St-Zip: BOYTON BEACH, FL 33437 US

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: MICHAEL S. DVORAK

E.D.

03/24/2011

Electronic Signature of Signing Officer or Director

Date