

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731647 (4)**

1. Corporation Name  
**BROWARD DENTAL RESEARCH CLINIC, INC.**



Principal Place of Business: **3501 S.W. DAVIE RD. BLDG 08 FT. LAUDERDALE FL 33314**  
Mailing Address: **3501 S.W. DAVIE RD. BLDG 08 FT. LAUDERDALE FL 33314**

3. Date Incorporated or Qualified: **01/10/1975**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

4. FEI Number	Applied For
<b>59-1591629</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**COBB, WILLIAM  
540 E MCNAB ROAD  
POMPANO BCH FL 33060**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, DAVID</b>	1.2 NAME
STREET ADDRESS	<b>1500 E. BROWARD BLVD.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUSNICK, STEVEN</b>	2.2 NAME
STREET ADDRESS	<b>3531 N. PINE ISLAND RD.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERMAN, RICHARD</b>	3.2 NAME
STREET ADDRESS	<b>2249 N. UNIVERSITY DR.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUPFER, GLENN</b>	4.2 NAME
STREET ADDRESS	<b>8214 WILES RD</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRY, BRYAN</b>	5.2 NAME
STREET ADDRESS	<b>800 E. BROWARD BLVD., #410</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	5.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULKAY, ESTEBAN</b>	6.2 NAME
STREET ADDRESS	<b>2400 N. UNIVERSITY DR., #215</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Steven J. Kusnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-96** **954-475-6779**  
Date Day/line Phone #

CR2E037 (12/95)