


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 048 ****61.25

DOCUMENT # 731647 1. Entity 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
--	--

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1591629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAGEN, SHELDON D
4601 SHERIDAN ST., #401
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE

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: Joyce Abraham (NOTE: Registered Agent signature required when reinstating) DATE: 1/24/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDEL, ALAN 660 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP GOLDBERG, HOWELL 815 S. UNIVERSITY DR., #102 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE PORTILLA, MARIA 8150 ROYAL PALM BLVD, #104 CORAL SPRING, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLSKI, ELSIE 1605 TOWN CENTER BLVD B WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLUM, MICHAEL 648 NE 3RD AVENUE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, MICHAEL 2500 E. HALLANDALE BEACH BLVD, #700 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

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: Joyce Abraham Joyce Abraham DATE: 1/24/05 DAYTIME PHONE #: 954-201-6904