


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90065 038 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAGEN, SHELDON D 4601 SHERIDAN ST., #401 HOLLYWOOD, FL 33021		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUM, MICHAEL DMD 648 NE 3RD AVE. FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDS - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARVEY WIENER 800 East Broward Blvd, Suite 305 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP FRIEDEL, ALAN DDS 660 E. HALLENDALE BCH BLVD HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDS - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VIC RAMPERTAAP, DDS 2929 University Drive, Suite 203 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LKIGERMAN, BARRY DDS 2480 E COMMERCIAL BLVD PENTHOUSE FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FELICIA CRANE FRIEDMAN DMD 2863 Executive Park Drive, Suite 101 Weston, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE TURE, NICK DDS 800 E. BROWARD BLVD #706 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENBERG, STEVEN 7500 NW 5TH ST., #115 PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUKIER, ARNOLD DDS 9633 W. BROWARD BLVD, #2-A PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joyce Abel</i>		1/7/08 954-201-6904	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1591629 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required