

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731647

FILED
Jan 05, 2010
Secretary of State

Entity Name: BROWARD DENTAL RESEARCH CLINIC, INC.

Current Principal Place of Business:

3501 S.W. DAVIE RD. BLDG 08
FT. LAUDERDALE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3501 S.W. DAVIE RD. BLDG 08
FT. LAUDERDALE, FL 33314

New Mailing Address:

FEI Number: 59-1591629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGEN, SHELDON D
4601 SHERIDAN ST., #401
HOLLYWOOD, FL 33021 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: ROSENBERG, STEVEN DDS
Address: 648 NE 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: PP
Name: BLUM, MICHAEL DMD
Address: 648 NE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: KLIGERMAN, BARRY DDS
Address: 2480 E COMMERCIAL BLVD PENTHOUSE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PE
Name: DE TURE, NICK DDS
Address: 800 E. BROWARD BLVD #706
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D
Name: ADLER, ANDREW DMD
Address: 3901 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: T
Name: CUKIER, ARNOLD DDS
Address: 9633 W. BROWARD BLVD,#2-A
City-St-Zip: PLANTATION, FL 33324

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: JOYCE ABRAHAM

AD

01/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date