

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Oct 08 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N32868 (4)**  
 1. Corporation Name  
**THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.**



Principal Place of Business Mailing Address  
 420 S. DIXIE HWY., #2E 420 S. DIXIE HWY., #2E  
 CORAL GABLES FL 33146 CORAL GABLES FL 33146

3. Date Incorporated or Qualified **06/16/1989**
4. FEI Number **65-0176114** Applied For Not Applicable
5. Certificate of Status Desired  **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?  Yes  No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No
10. Name and Address of New Registered Agent

2. Principal Place of Business 24. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country 30. Zip Country
9. Name and Address of Current Registered Agent

**SIMS, BARBARA**  
**EAST COAST DENTAL SOCIETY FOUNDATION**  
**420 S. DIXIE HWY #2E**  
**CORAL GABLES FL 33146**

81 Name **Donald J. Clark**

82 Street Address (P.O. Box Number is Not Acceptable) **East Coast Dental Soc. Foundation**

83 **420 S Dixie Hwy #2-B**

84 City **Coral Gables,** FL 85 Zip Code **33146**

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 *Donald J. Clark*

8-25-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
- T [ ] DELETE  
 NAME **MARIANI, RICHARD C**  
 STREET ADDRESS **6280 SUNSET DR.**  
 CITY-STATE-ZIP **SOUTH MIAMI FL 33143**
- D [ ] DELETE  
 NAME **HAUPTMAN, JOEL**  
 STREET ADDRESS **960 ARTHUR GODFREY RD.**  
 CITY-STATE-ZIP **MIAMI BEACH FL 33140**
- D [ ] DELETE  
 NAME **ALPERT, ANDREW M.**  
 STREET ADDRESS **951 NE 167TH ST.**  
 CITY-STATE-ZIP **NO. MIAMI BEACH FL**
- P [ ] DELETE  
 NAME **KAPLAN, ALAN S.**  
 STREET ADDRESS **400 ARTHUR GODFREY RD #502**  
 CITY-STATE-ZIP **MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
- 1.1 TITLE [ ] Change [ ] Addition
- 1.2 NAME [ ] Change [ ] Addition
- 1.3 STREET ADDRESS [ ] Change [ ] Addition
- 1.4 CITY-STATE-ZIP [ ] Change [ ] Addition
- 2.1 TITLE [ ] Change [ ] Addition
- 2.2 NAME [ ] Change [ ] Addition
- 2.3 STREET ADDRESS [ ] Change [ ] Addition
- 2.4 CITY-STATE-ZIP [ ] Change [ ] Addition
- 3.1 TITLE [ ] Change [ ] Addition
- 3.2 NAME [ ] Change [ ] Addition
- 3.3 STREET ADDRESS [ ] Change [ ] Addition
- 3.4 CITY-STATE-ZIP [ ] Change [ ] Addition
- 4.1 TITLE [ ] Change [ ] Addition
- 4.2 NAME [ ] Change [ ] Addition
- 4.3 STREET ADDRESS [ ] Change [ ] Addition
- 4.4 CITY-STATE-ZIP [ ] Change [ ] Addition
- 5.1 TITLE [ ] Change [ ] Addition
- 5.2 NAME [ ] Change [ ] Addition
- 5.3 STREET ADDRESS [ ] Change [ ] Addition
- 5.4 CITY-STATE-ZIP [ ] Change [ ] Addition
- 6.1 TITLE [ ] Change [ ] Addition
- 6.2 NAME [ ] Change [ ] Addition
- 6.3 STREET ADDRESS [ ] Change [ ] Addition
- 6.4 CITY-STATE-ZIP [ ] Change [ ] Addition

14. 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 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: *Donald J. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/25/98 305-667-3497*

CR2E037 (5/98)