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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32868

1. Corporation Name

THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.

Principal Place of Business

420 S. DIXIE HWY., #2E
CORAL GABLES FL 33146

Mailing Address

420 S. DIXIE HWY., #2E
CORAL GABLES FL 33146



2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

3. Date Incorporated or Qualified

06/16/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0176114

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CLARK, DONALD J
EAST COAST DENTAL SOCIETY FOUNDATION
420 S. DIXIE HWY. #2E
CORAL GABLES FL 33146~~

81 Name PAUL L. BENJAMIN DMD

82 Street Address (P.O. Box Number is Not Acceptable)

25 SE 2 AVE # 336

83 MIAMI, FL 33131

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 Paul L. Benjamin DMD
Signature, typed or printed name of registered agent and title if applicable.

PAUL L. BENJAMIN DMD
(NOTE: Registered Agent signature required when reinstating)

5-1-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME MARIANI, RICHARD C
STREET ADDRESS 6280 SUNSET DR.
CITY-ST-ZIP SOUTH MIAMI FL 33143

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D ☐ DELETE
NAME HAUPTMAN, JOEL
STREET ADDRESS 960 ARTHUR GODFREY RD.
CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☒ DELETE
NAME ALPERT, ANDREW M.
STREET ADDRESS 951 NE 167TH ST.
CITY-ST-ZIP NO. MIAMI BEACH FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME PAUL L. BENJAMIN
3.3 STREET ADDRESS 25 SE 2 AVE # 336
3.4 CITY-ST-ZIP MIAMI, FL 33131

P ☐ DELETE
NAME KAPLAN, ALAN S.
STREET ADDRESS 400 ARTHUR GODFREY RD #502
CITY-ST-ZIP MIAMI BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Paul L. Benjamin DMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treas 4-28-99 305 6617810

CR2E037 (1/98)