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Secretary of State

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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



21	2. Principal Place of Business <i>same</i>	26	2a. Mailing Address <i>same</i>	3.	Date Incorporated or Qualified 06/16/1989
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 65-0176114
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country		Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Benjamin DMD* PAUL L. BENJAMIN DMD 5-1-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T	MARIANI, RICHARD C 6280 SUNSET DR. SOUTH MIAMI FL 33143	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	HAUPTMAN, JOEL 960 ARTHUR GODFREY RD. MIAMI BEACH FL 33140	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ALPERT, ANDREW M. 951 NE 167TH ST. NO. MIAMI BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P	KAPLAN, ALAN S. 400 ARTHUR GODFREY RD #502 MIAMI BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Benjamin DMD* DATE: 4-28-99 DAYTIME PHONE: 305 661 7810

CR2E037 (1/98)