


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N32868 1. Entity Name THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.	
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Principal Place of Business 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146	Mailing Address 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0176114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARRERO, YOLANDA 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SABATES, CESAR R 747 PONCE DE LEON #609 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, MICHAEL N 8740 NORTH KENDALL DRIVE #203 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRERO, YOLANDA 420 SOUTH DIXIE HIGHWAY #2-E MIAMI, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80020-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/24/07