

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32868

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0176114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARRERO, YOLANDA  
420 S. DIXIE HWY  
SUITE 2-E  
CORAL GABLES, FL 33146 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: T  
Name: SABATES, CESAR R  
Address: 747 PONCE DE LEON #609  
City-St-Zip: MIAMI, FL 33134

Title: D  
Name: ROSENBERG, MICHAEL N  
Address: 8740 NORTH KENDALL DRIVE #203  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: MARRERO, YOLANDA  
Address: 420 SOUTH DIXIE HIGHWAY #2-E  
City-St-Zip: MIAMI, FL 33146

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: YOLANDA MARRERO

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date