

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702520

**Entity Name:** EAST COAST DISTRICT DENTAL SOCIETY, INC.**Current Principal Place of Business:**420 S. DIXIE HIGHWAY  
SUITE 2-E  
CORAL GABLES, FL 33146**Current Mailing Address:**420 S. DIXIE HIGHWAY  
SUITE 2-E  
CORAL GABLES, FL 33146**FEI Number:** 59-0806565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARRERO, YOLANDA  
420 S DIXIE HIGHWAY  
STE 2E  
CORAL GABLES, FL 33146 US*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**Officer/Director Detail :**

Title           TREASURER  
Name           DOMINGUEZ, ORLANDO DDS  
Address        9280 SW 150TH AVE #104  
City-State-Zip: MIAMI FL 33196

Title           PRESIDENT ELECT  
Name           FRANKLIN, TIM R DR.  
Address        420 S. DIXIE HIGHWAY  
                  SUITE 2-E  
City-State-Zip: CORAL GABLES FL 33146

Title           PRESIDENT  
Name           JOHN, AYLMER DR.  
Address        2239 N COMMERCE PKWY  
                  #1  
City-State-Zip: WESTON FL 33326

Title           CEO  
Name           MARRERO, YOLANDA  
Address        420 S. DIXIE HIGHWAY  
                  SUITE 2-E  
City-State-Zip: CORAL GABLES FL 33146

Title           PAST PRESIDENT  
Name           VELAZQUEZ, MARIANA DR.  
Address        8700 N KENDALL DRIVE  
                  #221  
City-State-Zip: MIAMI FL 33176

Title           SECRETARY  
Name           ZAMBRANO, ALEJANDRA DR.  
Address        420 S. DIXIE HIGHWAY  
                  SUITE 2-E  
City-State-Zip: CORAL GABLES 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**EXECUTIVE DIRECTOR****01/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date