

2017 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 IMMEDIATE PAST PRESIDENT
Name DERODE, ELAINE DR.
Address 175 SW 7TH ST
City-State-Zip: MIAMI FL 33130

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

Title PRESIDENT
Name LIMOSANI, MARK DR.
Address 2711 EXECUTIVE PARK DR
#1
City-State-Zip: WESTON FL 33331

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

Title SECRETARY
Name MULLER, ENRIQUE DR.
Address 20484 W DIXIE HWY
City-State-Zip: AVENTURA FL 33180

Title VP
Name PECHTER, JOSEPH DR.
Address 4350 SHERIDAN ST
#201D
City-State-Zip: HOLLYWOOD FL 33021

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****01/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date