2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710938

Entity Name: ATLANTIC COAST DENTAL RESEARCH CLINIC, INC.

FILED Jan 31, 2023 **Secretary of State** 6437501726CC

Current Principal Place of Business:

4200 CONGRESS AVENUE LAKE WORTH, FL 33461

Current Mailing Address:

4200 CONGRESS AVENUE LAKE WORTH, FL 33461

FEI Number: 59-6212360 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEEKER, DAVID R DR 1897 PALM BEACH LAKES BLVD. SUITE 106 WEST PALM BEACH, FL 33409 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:

VΡ Title **PRESIDENT** Title

RIGGS, CRYSTEL Name BLAKE, ROY Name Address 200 CENTRAL BLVD. #A Address 900 SE OCEAN BLVD BLDG E, #248

City-State-Zip: JUPITER FL 33458 City-State-Zip: STUART FL 34994

Title ES

Title

Address

Title **SECRETARY** Name GELSOMINO, COLLEEN T Name JAMES, CIARA Address 4200 CONGRESS AVENUE

Address 685 ROYAL PALM BEACH BLVD. LAKE WORTH FL 33463 City-State-Zip:

SUITE 204

DIRECTOR

1590 NW 10TH AVENUE

ROYAL PALM BEACH FL 33411 City-State-Zip:

TREASURER Title Name GANDHI, KIM

Name SEECHARAN, RONIK Address 2247 PALM BEACH LAKES BLVD.

> SUITE 207 Address

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: BOCA RATON FL 33486

Title **DIRECTOR** Name DIXON, CAMILLE

City-State-Zip: FORT LAUDERDALE FL 33316

1620 SE 4TH AVENUE

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: COLLEEN T GELSOMINO

ES

01/31/2023