

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710938

**Entity Name:** ATLANTIC COAST DENTAL RESEARCH CLINIC, INC.**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  
201 ARKONA COURT #2  
WEST PALM BEACH, FL 33401 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	PRESIDENT
Name	TUMMINA, JOHN
Address	200 KNUTH ROAD
City-State-Zip:	BOYNTON BEACH FL 33436

Title	SECRETARY
Name	GANDHI, KIM
Address	2247 PALM BEACH LAKES BLVD. SUITE 207
City-State-Zip:	WEST PALM BEACH FL 33409

Title	ES
Name	GELSOMINO, COLLEEN T
Address	4200 CONGRESS AVENUE
City-State-Zip:	LAKE WORTH FL 33463

Title	TREASURER
Name	MEEKER, DAVID
Address	201 ARKONA COURT SUITE #1
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VP
Name	SILBERMAN, JAIME
Address	7593 BOYNTON BEACH BLVD.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	SAUCHELLI, ANDREW
Address	500 MAPLEWOOD DRIVE
City-State-Zip:	JUPITER FL 33458

*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**EXECUTIVE SECRETARY** 03/09/2017\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date