

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718462

Entity Name: DENTAL SOCIETY OF GREATER ORLANDO, INC.**Current Principal Place of Business:**800 N. MILLS AVENUE
ORLANDO, FL 32803-1022**Current Mailing Address:**800 N. MILLS AVENUE
ORLANDO, FL 32803-1022**FEI Number:** 23-7098111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMILTON, SHARON N
800 N. MILLS AVENUE
ORLANDO, FL 32803-1022 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 MCCAULEY, SCOTT DR.
Address 609 MAITLAND AVENUE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name HOLEHOUSE, THOMAS DR.
Address 13301 LAGO VISTA DRIVE
City-State-Zip: WINTER GARDEN FL 34787

Title OTHER, PAST PRESIDENT
Name GORDY-MCHUGH, CAROLINE
Address 1216 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name WRIGHT, ARNELLE DR.
Address 12100 E. COLONIAL DRIVE STE 120
City-State-Zip: ORLANDO FL 32826

Title DIRECTOR
Name KAHN, BERNARD DR.
Address 926 N MAITLAND AVE
City-State-Zip: MAITLAND FL 32751

Title VP
Name WONG, ANTHONY
Address 330 SS, LAKE SHORE WAY
City-State-Zip: LAKE ALFRED FL 33850

Title PRESIDENT
Name THOMAS, DONALD DR.
Address 201 N. LAKEMONT AVE STE 300
City-State-Zip: WINTER PARK FL 32792-

Title DIRECTOR
Name CORREIA, ALMA DR.
Address 2120 ALAQUA LAKES BLVD
City-State-Zip: LNGWOOD FL 32779

Continues on page 2

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: DONALD THOMAS**PRESIDENT****01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, LUCIEN DR
Address 1951 S. ALAFAYA RAIL
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name WHITEHEAD, MARISSA DR.
Address 865 BALCH AVE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name BARGFREDE, MICHELLE
Address 790 DRIVER AVENUE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name CARLYLE-CLARK, KIMBERLY DR
Address 8255 LEE VISTA BLVD
SUITE D
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name SHA, SARA DR.
Address 707 PENNSYLVANIA AVE STE 1200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name HOCHFELDER, STEVE
Address 200 WAYMONT COURT, #130
City-State-Zip: LAKE MARY FL 32746