

2021 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 KAHN, BERNARD DR.
Address 926 N MAITLAND AVE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name JOSEPH, BONGIORNO DR
Address 801 N. MAGNOLIA AVE
 STE 105
City-State-Zip: ORLANDO FL 32803

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

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

Title PRESIDENT
Name BERTOT, CARLOS
Address 1650 N. MAITLAND AVE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BLUE, DAVID
Address 3025 ALOMA AVENUE
City-State-Zip: WINTER PARK FL 32792

Title VP
Name MILLER, CLAYTON
Address 201 MAITLAND AVE
 SUITE 1013
City-State-Zip: ALTAMONTE SPRINGS FL 32701-

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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: CLAYTON MILLER**PRESIDENT****03/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WRIGHT, ARNELLE DR.
Address 767 ORANGE BLOSSOM TRL.
City-State-Zip: APOPKA FL 32703

Title DIR
Name COTE, LEE DR.
Address 195 W HIGHLAND ST
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title SECRETARY
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

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