2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725163

Entity Name: ATLANTIC COAST DISTRICT DENTAL SOCIETY INC

FILED
Mar 18, 2024
Secretary of State
9909783092CC

Current Principal Place of Business:

10380 VILLAGE CENTER DR

408

PORT SAINT LUCIE, FL 34987

Current Mailing Address:

10380 SW VILLAGE CENTER DR

408

PORT SAINT LUCIE, FL 34987 US

FEI Number: 59-2224999 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORRADO, KATHY . E.D 10380 SW VILLAGE CENTER DR 408

PORT SAINT LUCIE, FL 34987 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: KATHY CORRADO 03/18/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TR Title PRESIDENT

NameASKELAND, RYAN DR.NameKOLOS, GEORGE DR.Address421 BETHANY DRAddress2160 NE 63RD COURT

City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: FORT LAUDERDALE FL 33308

Title PE Title 1VP

Name DEA, VICTOR DR. Name ESSEN, DONOVAN S. DR.

Address 1015 GATEWAY BLVD Address 3601 DOUBLETON DRIVE

503 City State 7in STUART FL 24007

City-State-Zip: STUART FL 34997

Title ED

Name PORTNOF, JASON DR CORRADO, KATHY C

Address 9980 N. CENTRAL PARK BLVD Address 10380 VILLAGE DR 408

113

City-State-Zip: PORT SAINT LUCIE FL 34987

Title SECRETARY

Name VACANT, VACANT DR.

Address 10380 SW VILLAGE CENTER DR

408

City-State-Zip: PORT SAINT LUCIE FL 34987

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: KATHY CORRADO EXECUTIVE DIRECTOR 03/18/2024