

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725163

Entity Name: ATLANTIC COAST DISTRICT DENTAL SOCIETY INC

FILED
Apr 12, 2019
Secretary of State
8404988710CC

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

04/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TR
Name PANSICK, ETHAN DR.
Address 6290 LINTON BLVD
104
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT
Name STARKEY, DOUG DR.
Address 1120 N. OLIVE STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title PE
Name SINGER, JAY DR.
Address 5481 N. UNIVERSITY DR.
101
City-State-Zip: CORAL SPRINGS FL 33067

Title 1VP
Name PASQUAL, JOHN DR.
Address 4600 LINTON BLVD
220
City-State-Zip: DELRAY BEACH FL 33445

Title 2VP
Name HUMBERSON-KEOUGH, ALANA DR
Address 3379 OCEAN DR
220
City-State-Zip: VERO BEACH FL 32963

Title ED
Name CORRADO, KATHY C
Address 10380 VILLAGE DR
408
City-State-Zip: PORT SAINT LUCIE FL 34987

Title SECRETARY
Name STARR, MIKE DR.
Address 1200 CORPORATE CENTER WAY
103
City-State-Zip: WELLINGTON FL 33414

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

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date