

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731647

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC7912874224**

**Entity Name:** BROWARD DENTAL RESEARCH CLINIC, INC.

**Current Principal Place of Business:**

3501 S.W. DAVIE RD. BLDG 08  
FT. LAUDERDALE, FL 33314

**Current Mailing Address:**

3501 S.W. DAVIE RD. BLDG 08  
FT. LAUDERDALE, FL 33314

**FEI Number:** 59-1591629

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAGEN, SHELDON D  
4601 SHERIDAN ST., #401  
HOLLYWOOD, FL 33021 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 P  
Name ROSENBERG, STEVEN DDS  
Address 648 NE 3RD AVE.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title PP  
Name BLUM, MICHAEL DMD  
Address 648 NE 3RD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name KLIGERMAN, BARRY DDS  
Address 2480 E COMMERCIAL BLVD  
PENTHOUSE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title PE  
Name DE TURE, NICK DDS  
Address 800 E. BROWARD BLVD #706  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name ADLER, ANDREW DMD  
Address 3901 S. OCEAN DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

Title T  
Name CUKIER, ARNOLD DDS  
Address 9633 W. BROWARD BLVD,#2-A  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name FRIEDMAN, CRAIG DR.  
Address 4745 SW 148 AVENUE  
303  
City-State-Zip: DAVIE FL 33330

Title DIRECTOR  
Name WEINBERG, MEL DR.  
Address 2627 NE 203 STREET  
220  
City-State-Zip: AVENTURE FL 33180

**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: STEVEN ROSENBERG**

**PRESIDENT**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WIENER, HARVEY DR.  
Address 800 EAST BROWARD BLVD  
305  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name GINZBERG, MARIO DR.  
Address 240 S FLAMINGO ROAD  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name NEEDELL, BARBARA DR.  
Address 2583 EAGLE RUN LANE  
City-State-Zip: WESTON FL 33327

Title DIRECTOR  
Name COOK, RAUL DR.  
Address 2480 EAST COMMERCIAL BLVD  
PENT HOUSE  
City-State-Zip: FORT LAUDERDALE FL 33308