

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731647

FILED
Feb 05, 2016
Secretary of State
CC4705234881

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 DIRECTOR
Name ROSENBERG, STEPHEN DDS
Address 7500 NW 5TH STREET
 #115
City-State-Zip: PLANTATION FL 33317

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

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

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

Title TREASURER
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

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

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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: NORA POWELL

**ASSOCIATE DEAN
DENTAL
ASSISTING/HYGIENE**

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name POWELL, NORA DR.
Address 3501 S.W. DAVIE RD. BLDG 08
City-State-Zip: FT. LAUDERDALE FL 33314