

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003653

**Entity Name:** MANATEE DENTAL SOCIETY, INC.

**Current Principal Place of Business:**

1114 KYLE WOOD LANE  
BRANDON, FL 33511

**Current Mailing Address:**

P. O. BOX 1833  
BRANDON, FL 33509 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BULNES, KELSEY M  
1114 KYLE WOOD LANE  
BRANDON, FL 33511 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:** KELSEY M BULNES

01/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name CHEVANCE, GABRIELLE DR.  
Address P. O. BOX 1833  
City-State-Zip: BRANDON FL 33509

Title TREASURER  
Name RUBINO, RYAN DR.  
Address P.O. BOX 1833  
City-State-Zip: BRANDON FL 33509

Title SECRETARY  
Name FOLKS, GARRETT DR.  
Address P. O. BOX 1833  
City-State-Zip: BRANDON FL 33509

Title EXECUTIVE SECRETARY  
Name BULNES, KELSEY  
Address P. O. BOX 1833  
City-State-Zip: BRANDON FL 33509

Title PRESIDENT  
Name SULLIVAN, JACKSON DR.  
Address P. O. BOX 1833  
City-State-Zip: BRANDON FL 33509

Title PRESIDENT-ELECT  
Name ABRAHAM, MICHAEL DR.  
Address P. O. BOX 1833  
City-State-Zip: BRANDON FL 33509

*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:** KELSEY BULNES

**EXECUTIVE DIRECTOR**

01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date