## Electronic Signature of Signing Officer/Director Detail

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: JOSE GUREVICH

FAUSTO ALVAREZ, PA 2828 CORAL WAY MIAMI, FL 33145 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:

**STE 300** 

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

	Title	PRESIDENT	Title	VP, SECRETARY
	Name	HORKOWITZ-TSAOUSSIS, CAROL	Name	PINTO, YENILE DR.
	Address	DR. 11050 SW 88TH STRETT SUITE #104	Address	16709 OLD CUTLER ROAD
			City-State-Zip:	PALMETTO BAY FL 33157
	City-State-Zip:	MIAMI FL 33176		
	Title	TREASURER		
	Name	GUREVICH, JOSE DR.		
	Address	6000 BIRD ROAD		
	City-State-Zip:	MIAMI FL 33155		

## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000010983

Entity Name: RIVIERA DENTAL STUDY CLUB INC.

#### **Current Principal Place of Business:**

2828 CORAL WAY STE 300 MIAMI, FL 33145

### **Current Mailing Address:**

2828 CORAL WAY **STE 300** MIAMI, FL 33145

### FEI Number: 46-1429766

# Name and Address of Current Registered Agent:

Title	VP, SECRETARY
Name	PINTO, YENILE DR.
Address	16709 OLD CUTLER ROAD
Citv-State-Zip:	PALMETTO BAY FL 33157

TREASURER

Certificate of Status Desired: No

FILED Mar 17, 2015 Secretary of State CC8585120788

> 03/17/2015 Date

Date