

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

DOCUMENT# N32868

**Entity Name:** THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.

**Current Principal Place of Business:**

420 S. DIXIE HWY  
SUITE 2-E  
CORAL GABLES, FL 33146

**Current Mailing Address:**

420 S. DIXIE HWY  
SUITE 2-E  
CORAL GABLES, FL 33146

**FEI Number:** 65-0176114

**Certificate of Status Desired:** No

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

MARRERO, YOLANDA  
420 S. DIXIE HWY  
SUITE 2-E  
CORAL GABLES, FL 33146 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 T  
Name SABATES, CESAR R  
Address 747 PONCE DE LEON #609  
City-State-Zip: MIAMI FL 33134

Title D  
Name ROSENBERG, MICHAEL N  
Address 8740 NORTH KENDALL DRIVE #203  
City-State-Zip: MIAMI FL 33176

Title D  
Name MARRERO, YOLANDA  
Address 420 SOUTH DIXIE HIGHWAY #2-E  
City-State-Zip: MIAMI FL 33146

*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:** YOLANDA MARRERO

**EXECUTIVE DIRECTOR**

**03/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date