#### SIGNATURE: BEATRIZ E. TERRY PRESIDENT

Electronic Signature of Signing Officer/Director Detail

#### 2014 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:**

7755 S.W. 87 AVENUE SUITE 110 MIAMI, FL 33173 US

# FEI Number: 65-0176114

# 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

Officer/Director Detail :	
---------------------------	--

Title	Т	Title	D
Name	SABATES, CESAR R	Name	ROSENBERG, MICHAEL N
Address	747 PONCE DE LEON #609	Address	8740 NORTH KENDALL DRIVE #203
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33176
Title	D	Title	PRESIDENT
Title Name	D MARRERO, YOLANDA	Title Name	PRESIDENT TERRY, BEATRIZ E DR.
	-		TERRY, BEATRIZ E DR. 7755 S.W. 87 AVENUE
Name	MARRERO, YOLANDA	Name	TERRY, BEATRIZ E DR.

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.

04/15/2014

Date

# FILED Apr 15, 2014 Secretary of State CC2977417055

Certificate of Status Desired: No

Date