


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702520</b> 1. Entity Name <b>EAST COAST DISTRICT DENTAL SOCIETY, INC.</b>	
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Principal Place of Business <b>420 S. DIXIE HIGHWAY SUITE 2-E CORAL GABLES, FL 33146</b>	Mailing Address <b>420 S. DIXIE HIGHWAY SUITE 2-E CORAL GABLES, FL 33146</b>
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01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0806565</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MARRERO, YOLANDA 420 S DIXIE HIGHWAY STE 2E CORAL GABLES, FL 33146</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYNE, JERRY M DDS 1540 VENERA AVE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGGNATZ, MICHAEL D DDS 17190 ARVIDA PKWY STE 4 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELLADO, JOSE R DMD 299 ALHAMBRA CIRCLE #202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, JOSEPH S DDS 18063 NW 27TH AVE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABATES, CESAR R DDS 747 PONCE DE LEÓN BLVD #609 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80020-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/07**  
Date

Daytime Phone #