

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710938

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: ATLANTIC COAST DENTAL RESEARCH CLINIC, INC.

**Current Principal Place of Business:**

4200 CONGRESS AVENUE  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4200 CONGRESS AVENUE  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 59-6212360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OUELLETTE, BRUCE R  
1309 S FLAGLER DR  
WEST PALM BEACH, FL 33401      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MORTMAN, RORY  
Address: 1501 PRESIDENTIAL WAY  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V      ( ) Delete  
Name: BERMAN, FRED  
Address: 1309 S. FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D      ( ) Delete  
Name: SEECHARAN, RONICK  
Address: 3196 N. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33431

Title: D      ( ) Delete  
Name: ROBERTS, MARK  
Address: 650 WEST BOYNTON BEACH BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ES      ( ) Delete  
Name: GELSOMINO, COLLEEN T, .  
Address: 4200 CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL

Title: D      ( ) Delete  
Name: GRIMES, DUSTIN  
Address: 6301 SOUTH DIXIE HIGHWAY  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: FRASER, THOMAS  
Address: 5601 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V      (X) Change ( ) Addition  
Name: KLEIN, PAUL  
Address: 200 KNUTH ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: RITTER, ROBERT  
Address: 500 UNIVERSITY BLVD.  
City-St-Zip: JUPITER, FL 33458

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLLEEN T. GELSOMINO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ES

02/05/2008

\_\_\_\_\_  
Date