

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710938

FILED
Mar 24, 2011
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
Name: ROBERTS, MARK
Address: 650 W. BOYNTON BEACH BLVD. #2
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V
Name: GRIMES, DUSTIN
Address: 6301 S. DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T
Name: BOUDET, CARLOS
Address: 1840 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D
Name: SILBERMAN, JAIME
Address: 7593 BOYNTON BEACH BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ES
Name: GELSOMINO, COLLEEN T
Address: 4200 CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33463

Title: D
Name: TUMMINIA, JOHN
Address: 200 KNUTH ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

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: COLLEEN T. GELSOMINO

ES

03/24/2011

Electronic Signature of Signing Officer or Director

Date