

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731323

FILED
Jan 09, 2012
Secretary of State

Entity Name: DADE COUNTY DENTAL RESEARCH CLINIC

Current Principal Place of Business:

750 N W 20 ST
G-110
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

750 N W 20 ST
G-110
MIAMI, FL 33127

New Mailing Address:

FEI Number: 23-7372819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY SMILES
750 NW 20TH STREET
G-110
MIAMI, FL 33127 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: PRES
Name: WITKOFF, SHARI DR.
Address: 3122 CENTER ST.
City-St-Zip: MIAMI, FL 33133 US

Title: PAST
Name: FABELLO, LUIS DR.
Address: 15030 DUNBARTON PLACE
City-St-Zip: MIAMI LAKES, FL 33134 US

Title: VP
Name: AL, UNDERWOOD DR.
Address: 1399 NW 17TH AVE. #301
City-St-Zip: MIAMI, FL 33125 US

Title: ED
Name: PATTERSON, CHIP
Address: 750 NW 20TH ST.
City-St-Zip: MIAMI, FL 33127

Title: TREA
Name: BRYDON, JOE
Address: 300 SEVILLA AVE., SUITE 215
City-St-Zip: MIAMI, FL 33134

Title: SECR
Name: ROMANO, RODRIGO DR.
Address: 7701 SW 62ND AVE., SUITE A1
City-St-Zip: MIAMI, FL 33143

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: CHIP PATTERSON

MR.

01/09/2012

Electronic Signature of Signing Officer or Director

Date