FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731647** **(4)**

1. Corporation Name
BROWARD DENTAL RESEARCH CLINIC, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3501 S.W. DAVIE RD. BLDG 08 FT. LAUDERDALE FL 33314	3501 S.W. DAVIE RD. BLDG 08 FT. LAUDERDALE FL 33314

3. Date Incorporated or Qualified: **01/10/1975**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1591629** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **($68.75 Supplemental Fee Not Required)**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COBB, WILLIAM
540 E MCNAB ROAD
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	DS	☐ Change ☐ Addition
NAME	JACKSON, DAVID	1.2 NAME		
STREET ADDRESS	1500 E. BROWARD BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	KUSNICK, STEVEN	2.2 NAME		
STREET ADDRESS	3531 N. PINE ISLAND RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, RICHARD	3.2 NAME		
STREET ADDRESS	2249 N. UNIVERSITY DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KUPFER, GLENN	4.2 NAME		
STREET ADDRESS	8214 WILES RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DT	☐ Change ☐ Addition
NAME	BERRY, BRYAN	5.2 NAME		
STREET ADDRESS	800 E. BROWARD BLVD., #410	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MULKAY, ESTEBAN	6.2 NAME		
STREET ADDRESS	2400 N. UNIVERSITY DR., #215	6.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ David Jackson 4-19-95 305-475-6779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600101N