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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731647 (4)

1. Corporation Name

BROWARD DENTAL RESEARCH CLINIC, INC.

Principal Place of Business

3501 S.W. DAVIE RD. BLDG 08
FT. LAUDERDALE FL 33314

Mailing Address

3501 S.W. DAVIE RD. BLDG 08
FT. LAUDERDALE FL 33314-1604

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
01/10/19753a. Date of Last Report
04/17/1996

4. FEI Number

59-1591629

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, WILLIAM
540 E MCNAB ROAD
POMPANO BCH FL 33060

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETENAME JACKSON, DAVID
STREET ADDRESS 1500 E. BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE P ☒ Change ☐ AdditionTITLE DT ☐ DELETENAME KUSNICK, STEVEN
STREET ADDRESS 3531 N. PINE ISLAND RD.
CITY-ST-ZIP SUNRISE FL1.2 NAME DS ☒ Change ☐ AdditionTITLE D ☐ DELETENAME SHERMAN, RICHARD
STREET ADDRESS 2249 N. UNIVERSITY DR.
CITY-ST-ZIP PEMBROKE PINES FL1.3 STREET ADDRESS DT ☒ Change ☐ AdditionTITLE D ☐ DELETENAME KUPFER, GLENN
STREET ADDRESS 8214 WILES RD
CITY-ST-ZIP CORAL SPRINGS FL1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE DS ☐ DELETENAME BERRY, BRYAN
STREET ADDRESS 800 E. BROWARD BLVD., #410
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE V ☒ Change ☐ AdditionTITLE D ☐ DELETENAME MULKAY, ESTEBAN
STREET ADDRESS 2400 N. UNIVERSITY DR., #215
CITY-ST-ZIP PEMBROKE PINES FL2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

David Jackson
SIGNATURE:

SIGNATURE REQUIRED

4-11-97 954.475-6779

Date

Daytime Phone # 0036309

CR2E037 (9/96)