

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **731647** (4)

1. Corporation Name

**BROWARD DENTAL RESEARCH CLINIC, INC.**

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**

4. FEI Number

**59-1591629**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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

TITLE ☐ DELETE

**P**  
**JACKSON, DAVID**  
**1500 E. BROWARD BLVD.**  
**FT. LAUDERDALE FL**

TITLE ☐ DELETE

**DS**  
**KUSNICK, STEVEN**  
**3531 N. PINE ISLAND RD.**  
**SUNRISE FL**

TITLE ☐ DELETE

**DT**  
**SHERMAN, RICHARD**  
**2249 N. UNIVERSITY DR.**  
**PEMBROKE PINES FL**

TITLE ☐ DELETE

**D**  
**KUPFER, GLENN**  
**8214 WILES RD**  
**CORAL SPRINGS FL**

TITLE ☐ DELETE

**V**  
**BERRY, BRYAN**  
**800 E. BROWARD BLVD., #410**  
**FT. LAUDERDALE FL**

TITLE ☐ DELETE

**D**  
**MULKAY, ESTEBAN**  
**2400 N. UNIVERSITY DR., #215**  
**PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1** TITLE  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY-ST-ZIP

☒ Change ☐ Addition

**2.1** TITLE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

☒ Change ☐ Addition

**3.1** TITLE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

☒ Change ☐ Addition

**4.1** TITLE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

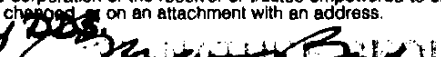
☒ Change ☐ Addition

**5.1** TITLE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

☐ Change ☐ Addition

**6.1** TITLE  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

**Bryan Berry**  
SIGNATURE: 

4-17-98

954-475-6779

CR2E037 (10/97)