2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # 731647

1. Entity 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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1591629 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAGEN, SHELDON D
4601 SHERIDAN ST., #401
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	FRIEDEL, ALAN	NAME	Michael Blum DMD
STREET ADDRESS	660 E. HALLANDALE BEACH BLVD.	STREET ADDRESS	648 NE 3rd Avenue
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	PP ☒ Delete	TITLE	PP ☒ Change ☐ Addition
NAME	GOLDBERG, HOWELL	NAME	Alan Friedel DDS
STREET ADDRESS	815 S. UNIVERSITY DR., #102	STREET ADDRESS	660 E. Hallendale Bch Blvd
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Hallendale, FL 33009
TITLE	PE ☒ Delete	TITLE	PE ☒ Change ☐ Addition
NAME	PORTILLA, MARIA	NAME	Michael Simon, DMD, PA
STREET ADDRESS	8150 ROYAL PALM BLVD, #104	STREET ADDRESS	2500 E. Hallendale Bch Blvd, #700
CITY-ST-ZIP	CORAL SPRING, FL 33065	CITY-ST-ZIP	Hallendale, FL 33009
TITLE	S ☒ Delete	TITLE	S ☒ Change ☐ Addition
NAME	BOLSKI, ELSIE	NAME	Nick DeTure, DDS
STREET ADDRESS	1605 TOWN CENTER BLVD B	STREET ADDRESS	800 E. Broward Blvd, #706
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T ☒ Delete	TITLE	T ☒ Change ☐ Addition
NAME	BLUM, MICHAEL	NAME	Dr. Steven Rosenberg, DDS
STREET ADDRESS	648 NE 3RD AVENUE	STREET ADDRESS	7500 NW 5th Street, #115
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	Plantation, FL 33317
TITLE	D ☒ Delete	TITLE	D Arnold Cukier, DDS ☐ Change ☐ Addition
NAME	SIMON, MICHAEL	NAME	
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD, #700	STREET ADDRESS	9633 W. Broward Blvd, #2-A
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Plantation, FL 33324

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce Abraham Joyce Abraham Jan. 6, 2006 954-201-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
H00020065
#73647

BROWARD DENTAL RESEARCH CLINIC
BOARD OF DIRECTORS
2005 – 2006

PAST PRESIDENT Alan Friedel, DDS 660 E. Hallandale Bch Blvd Hallandale, FL 33009 Office (954) 454-4446 Fax (954) 454-1902	**DIRECTORS** Dr. Arnold Cukier 9633 W. Broward Blvd. #2-A Plantation, FL 33324 Office (954) 473-4800 Home (954) 472-4089
PRESIDENT Michael Blum, DMD 648 NE 3rd Avenue Ft. Lauderdale, FL 33304 Office (954) 463-4999 Fax (954) 463-0152	**Dr. Barry Kligerman**
PRESIDENT ELECT Michael Simon, DMD, PA 2500 E. Hallandale Bch Blvd., #700 Hallandale, FL 33009 Office (954) 456-5400 Fax (954) 456-8278	**Dr. Harvey Wiener**
TREASURER Steven Rosenberg, DDS 7500 NW 5th St. #115 Plantation, FL 33317 Office (954) 791-7172 Fax (954) 791-7789	
SECRETARY Nick DeTure, DDS 800 E. Broward Blvd. #706 Ft. Lauderdale, FL 33301 Office (954) 522-3228 Fax (954) 522-3423	