2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State
01-13-2006 90043 036 ****61.25

40002065

DOCUMENT # 731647

1. Entity 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

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
DAGEN, SHELDON D 4601 SHERIDAN ST., #401 HOLLYWOOD, FL 33021	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRIEDEL, ALAN 660 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michael Blum DMD 648 NE 3rd Avenue Ft. Lauderdale, FL 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP GOLDBERG, HOWELL 815 S. UNIVERSITY DR., #102 PLANTATION, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP Alan Friedel DDS 660 E. Hallandale Bch Blvd Hallandale, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE PORTILLA, MARIA 8150 ROYAL PALM BLVD, #104 CORAL SPRING, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Michael Simon, DMD, PA 2500 E. Hallandale Bch Blvd, #700 Hallandale, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOLSKI, ELSIE 1605 TOWN CENTER BLVD B WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Nick DeTure, DDS 800 E. Broward Blvd, #704 Ft. Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLUM, MICHAEL 648 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dr. Steven Rosenberg, DDS 7500 NW 5th Street, #115 Plantation, FL 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, MICHAEL 2500 E. HALLANDALE BEACH BLVD, #700 HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Arnold Cukier, DDS 9633 W. Broward Blvd, #2-A Plantation, FL 33324	☐ Change ☐ Addition

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	DIRECTORS
Alan Friedel, DDS 660 E. Hallandale Bch Blvd Hallandale, FL 33009 Office (954) 454-4446 Fax (954) 454-1902	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	