

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90047 019 ****61.25

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**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1591629

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2007**

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

TITLE **P** ☐ Delete
NAME **BLUM, MICHAEL DMD**
STREET ADDRESS **648 NE 3RD AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **PP** ☐ Delete
NAME **FRIEDEL, ALAN DDS**
STREET ADDRESS **660 E. HALLENDALE BCH BLVD**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **PE** ☒ Delete
NAME **SIMON, MICHAEL DMD PA**
STREET ADDRESS **2500 E. HALLENDALE BCH BLVD #700**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **S** ☒ Delete
NAME **DETUME, NICK DDS**
STREET ADDRESS **800 E. BROWARD BLVD #706**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **T** ☐ Delete
NAME **ROSENBERG, STEVEN**
STREET ADDRESS **7500 NW 5TH ST., #115**
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **D** ☐ Delete
NAME **CUKIER, ARNOLD DDS**
STREET ADDRESS **9633 W. BROWARD BLVD, #2-A**
CITY-ST-ZIP **PLANTATION, FL 33324**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **B** ☐ Change ☒ Addition
NAME **Barry Kligerman, DDS**
STREET ADDRESS **2480 East Commercial Blvd., Pent House**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **Harvey Wiener, DDS**
STREET ADDRESS **800 East Broward Blvd, suite 305**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **D** ☐ Change ☒ Addition
NAME **Vic Rampertaap, DDS**
STREET ADDRESS **2929 University Drive, suite 203**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **S** ☒ Change ☐ Addition
NAME **Nick DeTure DDS**
STREET ADDRESS **800 E. Broward Blvd, #706**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **D** ☐ Change ☒ Addition
NAME **Craig Friedman DMD**
STREET ADDRESS **2863 Executive Park Drive, Suite 101**
CITY-ST-ZIP **Weston, FL 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

1/4/07

Date

954-201-6904

Daytime Phone #