


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90062 028 ****61.25

DOCUMENT # N02000004281

1. Entity Name
NORTH DADE DENTAL SOCIETY, INC.



Principal Place of Business 420 SOUTH DIXIE HIGHWAY SUITE 2-E CORAL GABLES, FL 33146	Mailing Address 420 SOUTH DIXIE HIGHWAY SUITE 2-E CORAL GABLES, FL 33146
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24025123



02062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1748914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMALL, ROSALIE A
 420 SOUTH DIXIE HIGHWAY
 SUITE 2-E
 CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMSELEM, SHALOM DR 2990 NE 29TH STREET AVENTURA, FL 33180 <i>No Longer Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANASSE, BORONE DR 1440 E HALLANDALE BCH BLVD. HALLANDALE, FL 33009 <i>No Longer Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENET, DAVID DR 19080 NE 29TH AVE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, MICHAEL DR 20762 W DIXIE HWY BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCONI, FEDERICO DR 19018 29TH AVE. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: _____ *[Signature]* **2/6/04** **305-933-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #