

**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**

24025123



02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1748914

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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, 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
2090 NE 203TH STREET
AVENTURA, FL 33180**

*No Longer
Director*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANASSE, BORONE DR
1440 E HALLANDALE BCH BLVD.
HALLANDALE, FL 33009**

*No Longer
Director*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

305-933-8700

Daytime Phone #