

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001801

FILED
Jul 10, 2008
Secretary of State

Entity Name: GREATER MIAMI DENTAL SOCIETY INC.

Current Principal Place of Business:

420 S. DIXIE HWY., 2E
CORAL GABLES, FL 331462271

New Principal Place of Business:

Current Mailing Address:

420 S. DIXIE HWY., 2E
CORAL GABLES, FL 331462271

New Mailing Address:

FEI Number: 59-0615479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARRERO, YOLANDA
420 S. DIXIE HWY., 2E
CORAL GABLES, FL 331462271 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TORRES-RIVERA, IRIS
Address: 495 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MARRON, IRENE
Address: 333 NW 70TH AVE., SUITE 101
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: AMELINCKX, MARINA
Address: 5160 SW 82ND AVE.
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: WARD, THOMAS
Address: 848 BRICKELL AVE., SUITE 1020
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: OWEN, RICHARD
Address: 100 SOUTH BISCAYNE BLVD., SUITE 111
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARRON, IRENE
Address: 150 SE 2ND AVE, SUITE 606
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRICENO, CARMEN
Address: 7741 SW 62ND AVE
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PAREDES, BRETT
Address: 8700 N KENDALL DR
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE MARRON

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

Date