

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000008547

**FILED**  
**Jan 13, 2014**  
**Secretary of State**

**Entity Name:** FORT LAUDERDALE DENTAL STUDY CLUB INC.

**Current Principal Place of Business:**

2633 EAST COMMERCIAL BLVD.  
B  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2633 EAST COMMERCIAL BLVD.  
B  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

572 E MCNAB RD  
102  
POMPANO BEACH, FL 33060

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NEULS, JULIA W DDS  
2633 EAST COMMERCIAL BLVD.  
B  
FT. LAUDERDALE, FL 33308 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: JULIA NEULS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NEULS, JULIA W DDS  
Address: 2633 E. COMMERCIAL BLVD.  
City-St-Zip: FT.LAUDERDALE, FL 33308

Title: VP  
Name: BERGER, NICOLE M DDS  
Address: 572 E MCNAB RD, SUITE 102  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: JULIA NEULS

PRES

01/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date