2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2005
Secretary of State

DOCUMENT# N14138

Entity Name: THE DADE DENTAL STUDY CLUB, INC.

Current Principal Place of Business:

C/O JACOB D. MALDONADO
525 NW 27 AVENUE
MIAMI, FL 33125

New Principal Place of Business:

C/O ALBERT LUCAS
10056 PINES BLVD
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

C/O JACOB D. MALDONADO
525 NW 27 AVENUE
MIAMI, FL 33125

New Mailing Address:

C/O ALBERT LUCAS
10056 PINES BLVD
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0121194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADONADO, JACOB D.
525 NW 27 AVENUE
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

LUCAS, ALBERT
10056 PINES BLVD
PEMBROKE PINES, FL 33024 US

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: ALBERT LUCAS 12/08/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOLPAY, ZOILA
Address: 14762 SW 56ST
City-St-Zip: MIAMI, FL 33185

Title: P ( ) Delete
Name: DE LA CAMARA, VIVIAN
Address: 11 N ROYAL POINCIANA, STE. 200
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: MALDONADO, JACOB D
Address: 525 N W 27 AVE
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete
Name: VICTORE, NORMA DMD
Address: 285 W 49 ST
City-St-Zip: HIALEAH, FL 33012

Title: T (X) Delete
Name: LUCAS, ALBERT
Address: 10056 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: LUCAS, ALBERT
Address: 10056 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Change ( ) Addition
Name: GARRASTAZU, JUAN L
Address: 12311 TAFT STREET SUITE 3
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change ( ) Addition
Name: GARCIA, OSCAR V
Address: 12311 TAFT STREET SUITE 3
City-St-Zip: PEMBROKE PINES, FL 33026

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT LUCAS P/D 12/08/2005
Electronic Signature of Signing Officer or Director Date