

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90028 048 ****61.25

DOCUMENT # N27869

1. Entity Name

BROWARD COUNTY DENTAL ASSOCIATION, INC.

Principal Place of Business

**1919 NE 45 ST 216
 FT LAUDERDALE FL 33308
 US**

Mailing Address

**1919 NE 45 ST 216
 FT LAUDERDALE FL 33308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1110466**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, LINDAN
 1919 NE 45 ST 216
 FORT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **MATTHEWS, DENBY**
 STREET ADDRESS **6400 SW 48 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE **President** ☒ Change ☐ Addition
 NAME **J. Michael Heider DDS.**
 STREET ADDRESS **2026 NE 19 ST**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

TITLE **P** ☐ Delete
 NAME **HEIDER, J. MICHAEL DOS**
 STREET ADDRESS **2026 NE 19 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **President Elect** ☒ Change ☐ Addition
 NAME **Bryan Berry DDS.**
 STREET ADDRESS **800 E Broward Blvd.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **D** ☐ Delete
 NAME **GOLDBERG, HOWELL**
 STREET ADDRESS **815 S UNIVERSITY DR.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Michael Patten DDS.**
 STREET ADDRESS **300 NW 70 AVE.**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE **D** ☐ Delete
 NAME **O'FLANAGAN, MAUREEN**
 STREET ADDRESS **505 S FEDERAL HWY**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **Treasurer** ☐ Change ☐ Addition
 NAME **Eric Anderson DDS**
 STREET ADDRESS **1831 NE 45 St.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **V** ☐ Delete
 NAME **BERRY, BRYAN DOS**
 STREET ADDRESS **800 E BROWARD BLVD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Thomas Lane DMD**
 STREET ADDRESS **4800 NE 20 TER.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **T** ☐ Delete
 NAME **ANDERSON, ERIC**
 STREET ADDRESS **1831 NE 45 ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **C. Nicholas DeTure DMD**
 STREET ADDRESS **800 E. Broward Blvd**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

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

Date

Daytime Phone #

CR2E037 (9/01)