

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27869

FILED
Apr 21, 2004
Secretary of State**Entity Name:** BROWARD COUNTY DENTAL ASSOCIATION,INC.**Current Principal Place of Business:**1919 NE 45 ST 216
FT LAUDERDALE, FL 33308 US**New Principal Place of Business:****Current Mailing Address:**1919 NE 45 ST 216
FT LAUDERDALE, FL 33308 US**New Mailing Address:****FEI Number:** 59-1110466**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREENE, LINDAN
1919 NE 45 ST 216
FORT LAUDERDALE, FL 33308 US**Name and Address of New Registered Agent:**GREENE, LINDA
1919 NE 45 ST 216
FORT LAUDERDALE, FL 33308 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: LINDA GREENE

04/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEIDER, DDS, J. MICHAEL
Address: 2026 NE 19ST
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: P () Delete
Name: BERRY, BRYAN
Address: 800 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: PATTEN, MICHAEL DDS
Address: 300 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: BROWN, CYNTHIA
Address: 600 E ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: LANE, THOMAS DR
Address: 4800 NE 20 TERR #301
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T () Delete
Name: ANDERSON, ERIC,
Address: 1831 NE 45 ST
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERRY,, BRYAN DDS
Address: 800 E. BROWARD BLVD. #410
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P (X) Change () Addition
Name: PATTEN, MICHAEL DDS
Address: 300 N.W. 70 AVE.
City-St-Zip: PLANTATION, FL 33317

Title: VP (X) Change () Addition
Name: BROWN, CYNTHIA DMD
Address: 600 E. ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD (X) Change () Addition
Name: HEINEMANN, PAUL DDS
Address: 6991 W. BROWARD BLVD #101
City-St-Zip: PLANTATION, FL 33317

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: ERIC ANDERSON, DDS

T

04/21/2004

Electronic Signature of Signing Officer or Director

Date