

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27869

FILED
Apr 29, 2009
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:

CUPSTID, GINA MS.
1919 NE 45 ST #216
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

CASTILLO, MARICEL MS.
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: MARICEL CASTILLO

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAPIRO, LARRY DDS
Address: 1500 N. UNIVERSITY DR. #111
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: P () Delete
Name: ROSENBERG, STEVE DDS
Address: 7500 NW 5 ST. #115
City-St-Zip: PLANTATION, FL 33317 US

Title: VP () Delete
Name: KOLOS, GEORGE DMD
Address: 4144 N. FEDERAL HWY
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: S () Delete
Name: RAMPERTAAP, VIC DDS
Address: 2929 UNIVERSITY DR, #203
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T () Delete
Name: ANDERSON, ERIC DDS
Address: 1831 NE 45 ST
City-St-Zip: FT. LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ERIC ANDERSON

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date