

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27869

FILED  
Apr 27, 2011  
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:

1919 NE 45 ST  
216  
FT LAUDERDALE, FL 33308 US

## Current Mailing Address:

1919 NE 45 ST #216  
FT LAUDERDALE, FL 33308 US

## New Mailing Address:

1919 NE 45 ST  
216  
FT LAUDERDALE, FL 33308 US

FEI Number: 59-1110466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTILLO, MARICEL 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

04/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: COLIN, MARK DDS  
Address: 3015 BAYVIEW DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: PE  
Name: FREEMAN, CHRISTOPHER DMD  
Address: 1825 NE 45 STREET, SUITE B  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP  
Name: SINGER, JAY DDS  
Address: 5481 NORTH UNIVERSITY DRIVE, #101  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: SEC  
Name: MATOUK, MICHEL DDS, MD  
Address: 3101 NORTH FEDERAL HIGHWAY, # 201  
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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

Title: T  
Name: SHAPIRO, LARRY DDS  
Address: 1500 UNIVERSITY DRIVE, #111  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: ERIC ANDERSON

T

04/27/2011

Electronic Signature of Signing Officer or Director

Date