2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27869

FILED May 01, 2012 Secretary of State

Entity Name: BROWARD COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1919 NE 45 ST

216

FT LAUDERDALE, FL 33308 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: SINGER, JAY DDS

Address: 3801 NORTH UNIVERSITY DRIVE City-St-Zip: SUNRISE, FL 33351 US

Title: PE

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

Title: VP

 Name:
 ANDALIB, ARVEEN DDS

 Address:
 7500 N W 5 STREET, SUITE 115

 City-St-Zip:
 PLANTATION, FL 33317 US

Title: SEC

 Name:
 RASK, BRIAN DMD

 Address:
 2701 NE 14 STREET

 City-St-Zip:
 POMPANO, FL 33062 US

Title:

Name: ANDERSON, ERIC DDS

Address: 1831 NE 45 ST

City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title:

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: MARICEL CASTILLO MS. 05/01/2012