2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32868

FILED Jun 30, 2006 Secretary of State

Entity Name: THE EAST COAST DENTAL SOCIETY FOUNDATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146 **New Mailing Address: Current Mailing Address:** 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146 FEI Number: 65-0176114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMALL, ROSALIE A MARRERO, YOLANDA 420 S. DIXIE HWY 420 S. DIXIE HWY SUITE 2-E SUITE 2-E CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 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: YOLANDA MARRERO 06/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SABATES, CESAR R Name: Name: Address: 747 PONCE DE LEON #609 Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: () Delete Title: () Change () Addition ROSENBERG, MICHAEL N Name: Name: Address: 8740 NORTH KENDALL DRIVE #203 Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMALL, ROSALIE A MARRERO, YOLANDA Name: Name: 420 SOUTH DIXIE HIGHWAY #2-E 420 SOUTH DIXIE HIGHWAY #2-E Address: Address: City-St-Zip: MIAMI, FL 33146 City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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: YOLANDA MARRERO D 06/30/2006