

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90210 046 ****61.25

DOCUMENT # N32868
 1. Entity Name
THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.



Principal Place of Business 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146	Mailing Address 420 S. DIXIE HWY SUITE 2-E CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0176114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARRERO, YOLANDA
 420 S. DIXIE HWY
 SUITE 2-E
 CORAL GABLES, FL 33146**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

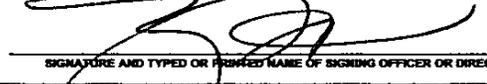
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SABATES, CESAR R 747 PONCE DE LEON #609 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENBERG, MICHAEL N 8740 NORTH KENDALL DRIVE #203 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARRERO, YOLANDA 420 SOUTH DIXIE HIGHWAY #2-E MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/28/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #