

**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**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0176114

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

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

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Daytime Phone #