

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33528

FILED
Apr 22, 2010
Secretary of State

Entity Name: THE GOLD COAST ACADEMY OF GENERAL DENTISTRY, INC.

Current Principal Place of Business:

% DR. ROBERT J. FISH
7737 N UNIVERSITY DR, S100
FT. LAUDERDALE, FL 33321 US

New Principal Place of Business:

7737 N UNIVERSITY DR
S100
FT. LAUDERDALE, FL 33321 US

Current Mailing Address:

% DR. ROBERT J. FISH
7737 N UNIVERSITY DR, S100
FT. LAUDERDALE, FL 33321 US

New Mailing Address:

7737 N UNIVERSITY DR
S100
FT. LAUDERDALE, FL 33321 US

FEI Number: 65-0152101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISH, ROBERT J., (DR)
7737 N UNIVERSTIY DR 100
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

FISH, ROBERT J DR
7737 N UNIVERSITY DR
100
TAMARAC, FL 33321 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: ROBERT J. FISH, DR.

04/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: SHEPHERD, PATRICK P
Address: 10748 ST. ANDREWS RD.
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: DP
Name: FISH, ROBERT J
Address: 7737 N UNIVERSITY DR - S100
City-St-Zip: FT. LAUDERDALE, FL 33321 US

Title: D
Name: GORDON, HARVEY P
Address: 1051 N. 35TH AVE.
City-St-Zip: HOLLYWOOD, FL 33021 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: ROBERT J. FISH, DR.

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04/22/2010

Electronic Signature of Signing Officer or Director

Date