

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 033 ****61.25

0030693

DOCUMENT # N94000001943

1. Corporation Name

MIAMI BEACH DENTAL SOCIETY, INC.

Principal Place of Business

925 ARTHUR GODFREY RD
SUITE 300
MIAMI BEACH FL 33140
US

Mailing Address

925 ARTHUR GODFREY RD
SUITE 300
MIAMI BEACH FL 33140
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/19/1994

4. FEI Number

65-0599239

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAUTNER, RICHARD
925 ARTHUR GODFREY ROAD
#207
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MARCONI, FRED JR**
STREET ADDRESS **925 ARTHUR GODFREY RD., #300**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **TD** ☒ DELETE
NAME **EDDERAI, JEAN JACQUES**
STREET ADDRESS **1701 NW 19 AVE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **VPD** ☒ DELETE
NAME **SOUTAR, DR. JACK**
STREET ADDRESS **660 NE 95TH STREET**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **SD** ☒ DELETE
NAME **SABO, DR. VICTOR**
STREET ADDRESS **960 ARTHUR GODFREY RD**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SOUTAR, JACK**
1.3 STREET ADDRESS **660 NE 95th St.**
1.4 CITY-ST-ZIP **Miami Shores FL 33138**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **NASSERY, HAMIDREZA**
2.3 STREET ADDRESS **960 Arthur Godfrey Rd**
2.4 CITY-ST-ZIP **Miami Beach FL 33140**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **LINEK, PETER**
3.3 STREET ADDRESS **975 Arthur Godfrey Rd.**
3.4 CITY-ST-ZIP **Miami Beach FL 33140**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Pandey, Anita**
4.3 STREET ADDRESS **11645 Biscayne Blvd**
4.4 CITY-ST-ZIP **North Miami FL 33181**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Soutar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Soutar 1 18 99 305754 5081

Date

Daytime Phone #

CR2E037 (11/98)