

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90016 049 \*\*\*\*61.25

**DOCUMENT # N94000001943**

1. Entity Name  
**MIAMI BEACH DENTAL SOCIETY, INC.**



Principal Place of Business  
**925 ARTHUR GODFREY RD, #207**  
**MIAMI BEACH, FL 33140 US**

Mailing Address  
**420 S. DIXIE HIGHWAY**  
**SUITE 2E**  
**CORAL GABLES, FL 33146 US**

**54026452**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02182004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0599239**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>P</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>KOPF, JAY</b>                   |                                 |
| STREET ADDRESS | <b>400 ARTHUR GODFREY RD, #404</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH, FL 33140</b>       |                                 |
| TITLE          | <b>V</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>MEREOS, ISIDOROS DDS</b>        |                                 |
| STREET ADDRESS | <b>1315 ALTON RD</b>               |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH, FL 33139</b>       |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>BRODY, MICHAEL</b>              |                                 |
| STREET ADDRESS | <b>975 ARTHUR GODFREY RD #201</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI BEACH, FL 33140</b>       |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 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:** *Michael Brody Michael Brody* **3/30/04** **305 535 8001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #