2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004065

1. Entity Name
INTRACOASTAL DENTAL STUDY CLUB, INC.

Principal Place of Business	Mailing Address
2480 E COMMERICAL BLVD FT LAUDERDALE, FL 33308	2480 E COMMERICAL BLVD FT LAUDERDALE, FL 33308

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03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0601694
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLIGERMAN, BARRY A
2480 E COMMERICAL BLVD
FT LAUDERDALE, FL 33308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

000000454339
03/15/06-00012-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLIGERMAN, BARRY A
STREET ADDRESS	2480 E COMMERICAL BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	BARR, SCOTT
STREET ADDRESS	300 NW 70 AVE #206 D
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	STONE, JOHN
STREET ADDRESS	3101 N FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
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: _____ 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #