2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# N95000004065

Entity Name: INTRACOASTAL DENTAL STUDY CLUB, INC.

Current Principal Place of Business:

2480 E COMMERICAL BLVD
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2480 E COMMERICAL BLVD
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0601694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KLIGERMAN, BARRY A
Address: 2480 E COMMERICAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: BARR, SCOTT
Address: 300 NW 70 AVE #206 D
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: STONE, JOHN
Address: 3101 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: KLIGERMAN, BARRY A
Address: 2480 E COMMERICAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY A. KLIGERMAN, D.M.D. DR. 01/22/2007

Electronic Signature of Signing Officer or Director — Date