

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90063 043 ****61.25

DOCUMENT # P30326

1. Corporation Name

NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.

Principal Place of Business

210 UNIVERSITY DR.,
SUITE 900
CORAL SPRINGS FL 33071

Mailing Address

210 UNIVERSITY DR.,
SUITE 900
CORAL SPRINGS FL 33071



2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 407003

Suite, Apt. #, etc.

City & State

28 Ft. Lauderdale, FL

29 Zip Country

30 33340-7003

U.S.A.

3. Date Incorporated or Qualified

07/10/1990

4. FEI Number

52-1462212

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

UDINE, MOREY
6208 W.COMMERCIAL BLVD
FT.LAUDERDALE FL 33319

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 POLLACK, BURTON R.

STREET ADDRESS 8 HERITAGE LANE

CITY-ST-ZIP SETAUKET NY

TITLE STD ☒ DELETE

NAME SOLOMON, ALBERT

STREET ADDRESS 210 UNIVERSITY DR.

CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME CALISTI, LOUIS J.P.

STREET ADDRESS 82 RUSSELL ROAD

CITY-ST-ZIP FRAMINGHAM MA

TITLE D ☐ DELETE

NAME VIRGINIA E VERDUIN

STREET ADDRESS 210 UNIVERSITY DRIVE

CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☒ DELETE

NAME ZIMMERMAN, CYNTHIA Z

STREET ADDRESS 210 UNIVERSITY DR

CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☒ Change ☐ Addition

1.2 NAME Darren A. Marsh

1.3 STREET ADDRESS 210 University Drive, 9th Floor

1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Robert Himmelfarb

2.3 STREET ADDRESS 8220 Muir Head Circle

2.4 CITY-ST-ZIP Boynton Beach, FL 33437

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME James Nemeth

3.3 STREET ADDRESS 229 Seventh Street, #301

3.4 CITY-ST-ZIP Garden City, NY 11530

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Brian Haney

4.3 STREET ADDRESS 2801 Slater Road #110

4.4 CITY-ST-ZIP Morrisville, NC 27560

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Kevin Trapani

5.3 STREET ADDRESS 2801 Slater Road, #110

5.4 CITY-ST-ZIP Morrisville, NC 27560

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Jennifer Trapani

6.3 STREET ADDRESS 2801 Slater Road, #110

6.4 CITY-ST-ZIP Morrisville, NC 27560

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0027182