

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90084 011 \*\*\*\*61.25

**DOCUMENT # P30326**

1. Entity Name

**NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.**

Principal Place of Business

Mailing Address

**210 UNIVERSITY DR..  
 SUITE 900  
 CORAL SPRINGS FL 33071**

**210 UNIVERSITY DR..  
 SUITE 900  
 CORAL SPRINGS FL 33071  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1462212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERDUIN, VIRGINIA E  
 210 UNIVERSITY DR  
 STE 900  
 CORAL SPRINGS FL 33071**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **POLLACK, BURTON R.**  
 STREET ADDRESS **8 HERITAGE LANE**  
 CITY-ST-ZIP **SETAUKET NY**

TITLE **PC** ☒ Change ☐ Addition  
 NAME **Pollack, Burton R.**  
 STREET ADDRESS **9 Watersedge Way**  
 CITY-ST-ZIP **Port Jefferson, NY 11777**

TITLE **D** ☒ Delete  
 NAME **JOHNSTON, WILLIAM**  
 STREET ADDRESS **654 MAIN STREET**  
 CITY-ST-ZIP **ROCKWOOD PA 15557**

TITLE **DD (No change or addition)** ☐ Change ☐ Addition  
 NAME **Breitweiser, Richard**  
 STREET ADDRESS **78 Boulevard**  
 CITY-ST-ZIP **Westwood, NJ 07675**

TITLE **D** ☒ Delete  
 NAME **CALISTI, LOUIS J.P.**  
 STREET ADDRESS **82 RUSSELL ROAD**  
 CITY-ST-ZIP **FRAMINGHAM MA**

TITLE **D (No change or addition)** ☐ Change ☐ Addition  
 NAME **Trapani, Kevin A.**  
 STREET ADDRESS **2801 Slater Road, #110**  
 CITY-ST-ZIP **Morrisville, NC 27560**

TITLE **STD** ☐ Delete  
 NAME **VIRGINIA E VERDUIN**  
 STREET ADDRESS **210 UNIVERSITY DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Barbell, Philip**  
 STREET ADDRESS **5832 56th Drive**  
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☐ Delete  
 NAME **HIMMELFARB, ROBERT**  
 STREET ADDRESS **8220 MUIR HEAD CIRCLE**  
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Khan, Aleem**  
 STREET ADDRESS **210 University Drive, #900**  
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☐ Delete  
 NAME **NEMETH, JAMES**  
 STREET ADDRESS **229 SEVENTH ST #301**  
 CITY-ST-ZIP **GARDEN CITY FL 11530**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Murphy, Maria**  
 STREET ADDRESS **46 Barbara Road**  
 CITY-ST-ZIP **Dumont, NJ 07628**

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: *Virginia E. Verduin* **SIGNATURE REQUIRED** *Virginia E. Verduin 2/13/02 800-237-9429 X1058*

CR2E037 (9/01)