

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30326

FILED
Feb 24, 2004
Secretary of State**Entity Name:** NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.**Current Principal Place of Business:**210 UNIVERSITY DR.,
SUITE 900
CORAL SPRINGS, FL 33071**New Principal Place of Business:****Current Mailing Address:**210 UNIVERSITY DR.,
SUITE 900
CORAL SPRINGS, FL 33071 US**New Mailing Address:****FEI Number:** 52-1462212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VERDUIN, VIRGINIA E
210 UNIVERSITY DR
STE 900
CORAL SPRINGS, FL 33071 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:** PC () Delete
Name: POLLACK, BURTON R.,
Address: 9 WATSEEDGE WAY
City-St-Zip: PORT JEFFERSON, NY 11777**Title:** D () Delete
Name: BREITWEISER, RICHARD
Address: 78 BOULEVARD
City-St-Zip: WESTWOOD, NJ 07675**Title:** D () Delete
Name: TRAPANI, KEVIN A
Address: 2801 SLATER ROAD #110
City-St-Zip: MORRISVILLE, NC 27560**Title:** STD () Delete
Name: VIRGINIA E VERDUIN,
Address: 210 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** D () Delete
Name: HIMMELFARB, ROBERT
Address: 8220 MUIR HEAD CIRCLE
City-St-Zip: BOYNTON BCH, FL 33437**Title:** D () Delete
Name: NEMETH, JAMES
Address: 229 SEVENTH ST #301
City-St-Zip: GARDEN CITY, FL 11530**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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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 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 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: VIRGINIA E. VERDUIN

STD

02/24/2004

Electronic Signature of Signing Officer or Director

Date

MARIA MURPHY, DIRECTOR
46 BARBARA ROAD
DUMONT, NJ 07628

PHILIP BARBELL, DIRECTOR
5382 NW 56TH DRIVE
CORAL SPRINGS, FL 33067

ALEEM KHAN, DIRECTOR
210 UNIVERSITY DRIVE
SUITE 900
CORAL SPRINGS, FL 33071